00-05490

filled in by the funeral director, pooled be filed within 72 hours ofter

njury, or other troumotic

and Mental Hyguene prior to burial, cremation,

MPORTANT: If Item 21 is marked or Item 18 shows ony

FOR - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	
ECEASED NAME	FIRST	MIDDLE	LAST	2a. D
PE OR PRINT)	Margaret	E .	Adams	
EY	A PACE		S DATE OF BIRTH	6 AC

	REGISTRAR				CERTIF	ICATE OF DEATH	A REG N	NO.	0	1 1 5
	CEASED NAME	FIRST	A	AIDDLE	L	AST	20. DATE OF DEATH	MONTH BA	Y YEAR	2b. HOUR
(I TPE	OR PRINT)	argare	t E	. 3	Ada	ms		04-29-8	86	6:30
3. SE	x	4	RACE		5. DATE C		6 AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS
	female		whi	te	MONTH	09-10-1905	80	YRS.	ATT DATE	MIN.
	RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
	PA		USA		WIDOWE		Allegan	У		м
	ity or town of DEA Cumberland	TH 1		HOSPITAL, NURSING HEACILITY, GIVE STREET A	DDRESS)	PROTHER INSTITUTION 1 Home	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife	OF WORKING LIFE)	INDUSTRY	home
USU	AL RESIDENCE (IF NURS		THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				;	TIONE
130.	MD	Allec		Cumber1		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 25 Boon		t/2150)2
14 F	ATHER'S NAME		DDIE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	
	Geor	ge Kuc	kenbro	d		Anna	Mitchell		LAS	14
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS	100	
-{	YES NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	215-48-	4480	Mrs. Betty E	vans, Cumb	erland,	MD-da	ughter
	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which mediate g the last	DUE TO, OI DUE TO, OI (b) DUE TO, OI	LANDEROUE RAS A CONSEQUE	NCE OF	hyperken vascoftan	sive Ca diseas	uchio		
N O	PART 2 OTHER SIGN	VIFICANT CO	HACE		EATH BUT	NOT RELATED TO THE TERM	INAL PISEASE OR CO	NDITION GIVE	V IN PART 116	a
CERTIFICATION	1 a DATE OF OPERA	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	JURY IN ITEM 18 PAR	T OR PART 2}	
MEDICAL	WHILE NOT WE AT WORK	HILE [21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR I	IOWN	COUNTY	STATE
	22a I certify that (1) saw the decease above, (1) (we) (c	ed olive on_	3-19	19 5	36,01	nd that in (my) (our) apinion o	to 4- 2	date and hour o	and from the	
	22b. SIGNATURE	Ran	iitha	N		DEGREE ATTENDING PHYSICIAN S	MEDICAL ST.	AFF	1220. DATE	01

234. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

STATE

PA

22d PHYSICIAN'S NAME (TYPE OFFINT) V. A. Ranjithan, M. D.

LMNH, Seton Drive, Cumberland, MD 21502

23a BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

05-01-1986

23d. LOCATION -CITY OR TOWN Johnstown Cambria Benchoff Hill Cem. 250 DATE REC'D. BY REGISTRAN 250. REGISTRAN'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as with the State Dept. of Health FUNERAL DIRECTOR.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

09719

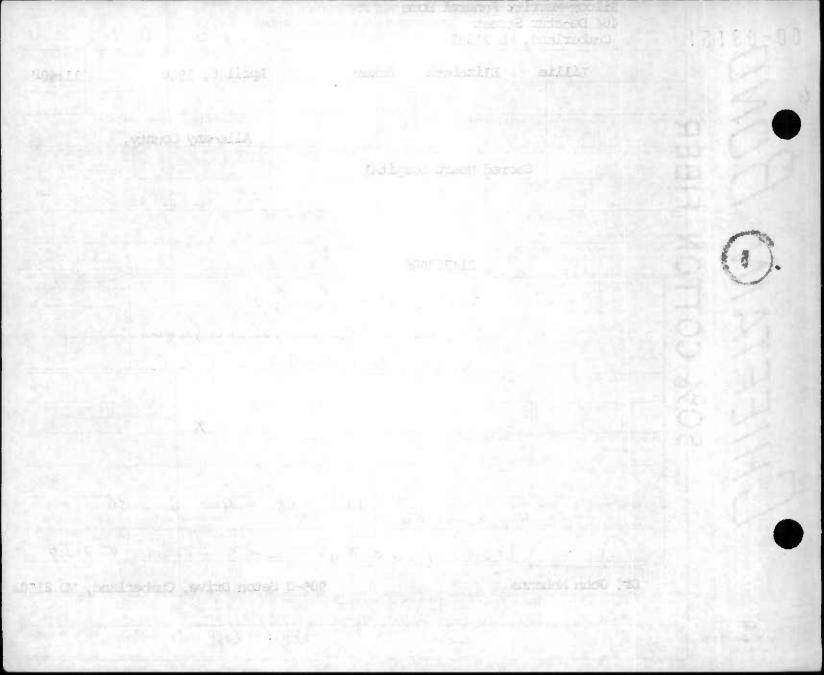
250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DECE LOSO MANAGE			CERTIFICATE OF	DEATH	REG	NO.			
DECEASED NAME F	Thomps	MIDDLE	LAST		20 DATE OF DEATH	MONTH .	DAY	YEAR	2b. HOUR
radgini	THAMBA	OIL	AMTOWER			04	10	86	2004 M
SEX	4. RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
MALE	WHITE		11 17	99	86	YRS	5.		
a. BIRTHPLACE ISTATE OR FORE		WHAT COUNTRY?	MARRIED NEVEL	D AA A BRIED	9 BALTIMORE CIT	Y OR COUN	ITY OF D	EATH	
West Virgin	nia USA	L	- Table	DIVORCED	ALLEGANY	COUN	TY	CUMBI	ERLAND MD.
Cumberland	(IF NOT IN SUC	H FACILITY, GIVE STREET AD	HOME OR OTHER IN		12a USUAL OCCUP		G LIFE) IN	L KIND C DUSTRY	F BUSINESS OR
W.Va.	OTHER INSTITUTION	GIVE RESIDENCE BEFORE A		CITY LIMITS?	13e.STREET ADDRES	SS ZIP CC	DDE K	N.Xa	9999
Adam Adam	WIDDIE	mtower		R'S MAIDEN NA	J. MIDDL	E	Res	d LAS	T 185 TY 0
WAS DECEASED EVER IN	U.S. ARMED FORCES?	16h SOCIAL SECUR 217-10-0	Mrs	. Haver	Antewe:	r Sta	r R	t2,N	w.va
Conditions, if any, w gave rise to immed couse in stating	hich (b)_	R AS A CONSEQUEN	anny a	thorn	gelor	ys'		1-	5 gs.
gave rise to immed couse in stating underlying couse PART 2 OTHER/IGNIFI	thich (b) DUE TO, O lest. (c) ICANT CONDITIONS (c)	RASA CONSEQUENCE ON TRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION DE CONTRIBU	anny a	mana	INAL DISEASE OR C	20b. IF IN CER	YES, WE	RE FINDIN	NGS USED OF DEATH?
PART 2 OTHER (IGNIFICATION) IVA DATE OF OPERATION 216 ACCIDENT WAS LINDERS.	ICANT CONDITIONS (IN 196 CONDITI	R AS A CONSEQUENT ONTRIVITING TO D	ATH BUT MY SEATON WAS PERIODERATION WAS PERIODER	FORMED	my De	20b. IF IN CER	YES, WE RTIFYING YES [RE FINDING CAUSES	NGS USED
PART 2 OTHER (IGNIFICATION) IVA DATE OF OPERATION 216 ACCIDENT WAS LINDERS.	ICANT CONDITION 196 COND 196 COND 216. TIME CONDITION A. 216. PLACE (AT HOME SI	DISTRIBUTING TO DE	OPERATION WAS PERIOR Y YEAR 19 211 LOCA	FORMED INJURY OCCUR	AUTOPSY? ES NOT	20b. IF IN CER	YES, WE RTIFYING YES 18 PART LC	RE FINDING CAUSES	GS USED OF DEATH?
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PART 2 OTHER IGNIFI PART 2 OTHER IGNIFI IVA DATE DE OPERATIO 216. ACCIDENT WAS UNDER: ON CONTRIBUTENG CAUCH 216. INJURY OCCURRED 220.3 certify that (1) (th saw the deceased obove, (1) (we) idid	ICANT CONDITION (IN IP CONDITION AND IP	DITION FOR WHICH CO. OF INJURY M. MONTH DAY M. OF INJURY RET. FACTORY, OFFICE, FAI We deceased from 19	OPERATION WAS PERIOD VY YEAR 19 211 LOCA STRIP , and that in (re	FORMED INJURY OCCUR TION EET ATTENDING PHYSICIAN	ES LEWER NATURE OF	20b. IF IN CER	YES, WE RTIFY ING YES 18 PART I C	RE FINDING CAUSES OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (I) (was) last causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

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00-03151	_	REGISTRAR Cumberla	and, MD	21502		ICATE OF DEATH	REG. N		YEAR 2h H	K 0
h 33		EASED NAME FIRST OR RRINT) T,1111	A E	lizabeth		ker	April 6. 1			HOUR
noy be poge	3. SEX		4 RACE	Traneur	5. DATE C		6. AGE (IN YEARS LAST BI		NDER I YEAR IF UN	VDER 24 HRS
coffee 4 n		FEMALE	WHIT	E	SEPT	4 1912 AR	73	YRS	THS DAYS HOU	IRS MIN.
nerol dire		THPLACE (STATE OR FOREIGN DUNTRY) W.VA.	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF	DEATH	MD.
oy the for	10 CI	Y OR TOWN OF DEATH CUMBERLAND	(IF NOT IN SI	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET I HEART HE	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT LTYPE OF WORK FOR MOST HOUSEW	ION OF WORKING LIFE)	126 KIND OF BUS INDUSTRY	SINESS OR
BALTIMORE, MARYLAND 2120 con the state of the by open control to the bill of t	₩5UA 13a S	L RESIDENCE (IF NURSING HOME OF TATE MARYLAND ALL	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 134, CITY OR TOW CUMBERLAN		134 INSIDE CITY LIMITS?		/ ZIP CODE FORD ROA	AD /	02
MARYL markety marz sh	14 FA	THER'S NAME ISAAC	MIDDLE	SEE LAST		15. MOTHER'S MAIDEN N. EMMÄ	MIDDLE	RO	DACH LAST	
MORE,	16a W	AS DECEASED EVER IN U.S. A	RMED FORCES? IVE WAR OR DATES)	2147430		IT INFORMANT EMMA HINES S	TAR ROUTE 2	ESS		EEK IRGINIA
DIVISION OF VITAL RECORGS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death cert oftending physician. There this certificate has been signed by the offending os the burnol-transit permit. Then please remove corbot th and Mental Hygiene prior to buriol, cremation, or into orked or Item 18 shows any niury, or other traumaties.	7	Conditions, if ony, which gove rise to immediate couse 10.1 stoting the underlying couse lost.	DUE TO, (c)_	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E	NCE OF	SEGIT -) NOT RELATED TO THE TER	LOSS (ZG &	L C	IN PART 110	
TAL RECORO	CERTIFICATION	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING		OITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYIN		
OF VI		OR CONTRIBUTING CAUSE OF DE	HOUR A	A.M. MONTH DA		ZIL HOW INJURI OCCU	RED (ENIER NATURE OF INT	JRY IN HEM IS PARI	ORPART 2)	
VISION C G PHYSIC orthus ce the buric and Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLAC	P.M. E OF INJURY ITREET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
the hospital or the hospital or L DIRECTOR: A stoched for use te Dept. of Heal		22a.l certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did not the SIGNATURE	n_ U -	19.5	36.00	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, to		d from the couse 226 DATE SIGN	
TO HOSPITAL retoined by it TO FUNERAL should be det with the Stote IMPORTANT;		Dr. John Me	hanna			909-B	Seton Drive	Cambe	rland M	D 2150
sho with	23a. B	URIAL, CREMATION, REMOVA		23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	CANADA	DUNTY	STATE
BP		BURIAL	APRIL	10 1986 SI	JNSET	MEMORIAL PAR	K CUMBERLAN	D ALLEGA	NY MARY	
DHMH - 16 60M 7/84		NERAL DIRECTOR LCOX-MERRITT F	UNERAL S			W to D	TO HAD STRAIN	296. RESTSTRAF	ESSIC VATURE	



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with retained by the hospital or attending physician.

0	0	gree .	0	6	7	1
LAND 21201		nin 24 hours ofter death. Page 4 may be		ly filled in by the funeral director, page 3 should be filed within 72 hours ofter death	1	er must be copplied of once.

FOR

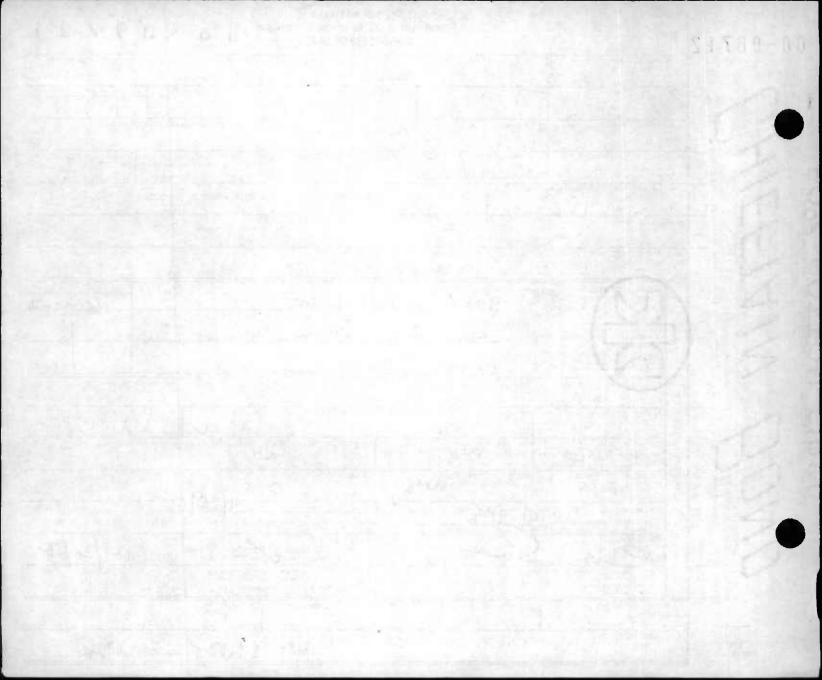
- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

DIE LAST 20. D

6 REG. NO.	0	9	1	2	
DE DE ATH MONTH	DAY	VE	4.D	01 110110	

	1 DECEASED NA/			WIDDLE		AST	Id. DATE OF BEATT	DAY YEAR	2b. HOUR
- k		HERBER			BARBI		APRIL 28, 1986		7:40A
	3. SEX		4 RACE		5. DATE C			MONTHS DAYS	HOURS MI
				W	12	2 29 07	79 YRS		
0	70 BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
	N.Y.		U.S.A		WIDOWE		Allegheny	21	
-/	10 CITY OR TOWI			F HOSPITAL, NURSING UCH FACILITY, GIVE STREET AD		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF INDUSTRY	BUSINESS
C	CUMBERI			AL HOSPITAI			Sound Engineer	Mo	vie
	130. STATE	E (IF NURSING HOME C	DR OTHER INSTITUTIO J NTY	13c CITY OR TOWN		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	GG	9990
	W. 1		pshire	Green Spr	ing	YES NO X	P. O. Box 104	//	117
1	14. FATHER'S NAM	Æ	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	LAST	
7	John	1		Barberie		Ethel		Nea	1
\Box	160 WAS DECEAS	ED EVER IN U.S. A	RMED FORCES	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRESS		
31	No			214-14-19	908	Alberta Bari	perie, Same Addre	SS	
	18 CAUSE	OF DEATH (Enter o	only one couse p	er line for (a), (b), and	(cui			APPROXIM BETWEEN OF	ATE INTERVAL
- 1	PARTI.	DEATH WAS CAUS	SED BY:	Right (sneh	relys	cular acident		10	how
j	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
_	Candida		DOE TO.	OR AS A CONSEQUE		1) Carcinonia	Mahadasa		
		, if ony, which to immediate	(b)	Sleeding or 16	Work.	Congression (V)	Today Beston	+	
-1	couse to	, stoting the	DUE TO,	OR AS A CONSEQUEN	VICE OF				
	underlying	cause last.	((c)	Memoratic	20:00	mord Caran	enva.		1
	DADE O OF	IED CICKUSIC ANIT	CONDITIONS	CONTRIBUTING TO DE	EATH BUT				
		HER SIGNIFICANT	CO. 40 1110 140	CONTINIDOTATO TO DE	EAIN BUI	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART 110	
		NA	0110110110		EATH BUT	NOT RELATED TO THE TERM	ainal disease or condition give	EN IN PART 110	
		1/ -		DITION FOR WHICH C			20a AUTOPSY? 20b. IF YES,	, WERE FINDING	
7		NIA					20a AUTOPSY? 20b. IF YES,	, WERE FINDING	
2	THE CATION OF THE CATION	POPERATION N/A	196 CON	DITION FOR WHICH O	OPERATIO		200 AUTOPSY? 206 IF YES IN CERTIFY	, WERE FINDING YING CAUSES O	OF DEATH?
7	CERTIFICATION 10 THE CATION 10	POPERATION NO T WASHINDERLYING	19b CON	OF INJURY OATH DAY	OPERATIO Y YEAR	n was performed	200 AUTOPSY? 206 IF YES IN CERTIFY	, WERE FINDING YING CAUSES O	OF DEATH?
2	CERTIFICATION 10 THE CATION 10	POPERATION N/A	19b CON 19b CON 21b TIME EATH HOUR ER)	OF INJURY A.M. OTH DAY P.M.	OPERATIO Y YEAR 19	N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? 206 IF YES IN CERTIFY YES NOT YES YES YES	, WERE FINDING YING CAUSES O	NO [
7	WEDDICAL DE LE LINCATION OF CARTIFICATION OF CARTIFICATIO	T WASUNDERLYING	19b CON 19b CON 21b TIME EATH HOUR ER)	DITION FOR WHICH O	OPERATIO Y YEAR 19	N WAS PERFORMED	200 AUTOPSY? 206 IF YES IN CERTIFY	, WERE FINDING YING CAUSES O	NO [
7	WEDICAL CETIFICATION STATISTICO S CONTRIBUTION S C	POPERATION T WASHINDERLYING T WASHINDERLYING OCCURRED ALLOW	19b CON 21b TIME HOUR 21c PLAC (AT HOME.	OF INJURY E OF INJURY E OF INJURY STREET, FACTORY, OAC FAR	OPERATIO Y YEAR 19	214 HOW INJURY OCCUR	200 AUTOPSY? 206 IF YES IN CERTIFY YES NOT YES YES YES	WERE FINDING YING CAUSES (S 2)	DF DEATH? NO STAT
7	WED TO A TO	T WAS UNDERLYING T WAS UNDERLYING TO WAS UNDERLYING OF WAS UNDERLYING OF WAS UNDERLYING OF WAS UNDERLYING AT WAS UNDERLYI	19b CON 21b TIME HOUR ER) 21e PLAC (AT HOME,	OF INJURY A.M. OTH DAY P.M. STREET, FACTORY, ONC. FAR	Y YEAR 19	N WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET	200 AUTOPSY? 206 IF YES IN CERTIFY YES NO PARTIE OF INJURY IN ITEM IS PARTIE OF INJURY	WERE FINDING YING CAUSES (ART 1 0 2) COUNTY	NO STAIL
7	WEDICAL CATTON 19a DATE O 21a. ACCIDEN 21	FOPERATION NA T WASUIDERIVING THE ASE OF D OTHER MEDICATEXAMIN OCCURRED	21b. TIME EATH HOUR (AT HOME.	OF INJURY E OF INJURY STREET, FACTORY, ONC. PAR	Y YEAR 19	N WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET	200 AUTOPSY? 206 IF YES IN CERTIFY YES NOT YES YES YES	WERE FINDING YING CAUSES (ART 1 0 2) COUNTY	NO STAIL
7	WEDICAL CATTON 19a DATE O 21a. ACCIDEN 21	T WASUNDERLYING TIME ASE OF D OFF MEDICATEXAMIN OCCURRED AT ORK that (1) (this has e deceased alive a (1) (we) (did) (did of	21b. TIME EATH HOUR (AT HOME.	OF INJURY E OF INJURY STREET, FACTORY, ONC. PAR	Y YEAR 19	211 LOCATION STREET 21 thought in (my) (our) opinion DEGREE	200 AUTOPSY? YES NOW YES NOT THE NATURE OF INJURY IN ITEM 18 PARTY OF TOWN CITY OR TOWN death occurred on the date and hour	WERE FINDING YING CAUSES (ART 1 0 2) COUNTY	STAT
7	ABOUTE O STANDING THE CERTIFICATION OF CONTRIBUTION OF CONTRIB	T WASUNDERLYING TIME ASE OF D OFF MEDICATEXAMIN OCCURRED AT ORK that (1) (this has e deceased alive a (1) (we) (did) (did of	21b. TIME EATH HOUR (AT HOME.	OF INJURY E OF INJURY STREET, FACTORY, ONC. PAR	Y YEAR 19	211 LOCATION STREET 21 thought in (my) (our) opinion DEGREE	200 AUTOPSY? YES NOW YES NOT THE NATURE OF INJURY IN ITEM 18 PARTY OF TOWN CITY OR TOWN death occurred on the date and hour	COUNTY	STAT
7	WEDICAL CATE OF STATE	T WASUNDERLYING TIME ASE OF D OFF MEDICATEXAMIN OCCURRED AT ORK that (1) (this has e deceased alive a (1) (we) (did) (did of	21b. TIME EATH HOUR (AT HOME. pitol) at emical in the book of the	OF INJURY E OF INJURY STREET, FACTORY, ONC. PAR	Y YEAR 19	211 LOCATION STREET 211 LOCATION STREET At that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 20b IF YES IN CERTIFY YES NOT	COUNTY	STATI
7	WEDICAL CONTRIBUTION OR CONTRI	T WASUNDERLYING T WASUNDERLYING TIME ASE OF D OF THE DICATE AAMIN OCCURRED AT LORR Thot (1) (this hosy e deceosed olive o (1) (wg) (did) (did of TURE	21b. TIME EATH HOUR (AT HOME. pitol) at emical in the book of the	OF INJURY E OF INJURY STREET, FACTORY, ONC. PAR	Y YEAR 19	211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 ADDMEMORIAI	200 AUTOPSY? 200 IF YES YES NO PROPERTIENT OF INJURY IN ITEM 18 PARTIES CITY OR TOWN CITY OR TOWN CITY OR TOWN COUNTY OR TOWN COUNTY OR TOWN COUNTY OR TOWN CITY	COUNTY 19	STATE
7	PRODUCTION OF CONTRIBUTION OR	T WASHINDERLYING T WASHINDERLYING THE MEDICAPKAAMIN OCCURRED AT NORK THOU (I) (this hose deceosed olive o (I) (wg) (did) (did of TURE IAN'S NAME (TYPE	21b. TIME EATH HOUR ER) 21c. PLAC (AT HOME. OR PRINT)	OF INJURY A.M. JOHN DAY P.M. E OF INJURY STREET, FACTORY, ONC. FACTORY, ONC.	Y YEAR 19	211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 22e ADDMEMORIAI CUMBERLAND,	200 AUTOPSY? 200 IF YES YES NOT YES RED GENTER NATURE OF INJURY IN ITEM 18 PA CITY OR TOWN TO TOWN DIRECTOR PHYSICIAN TOWN HOSPITAL MARYLAND 21502	COUNTY 19	STATI
2	PRODUCTION OF CONTRIBUTION OR	T WASUNDERLYING T WASUNDERLYING TIME ASE OF D OF THE DICATE AAMIN OCCURRED AT LORR Thot (1) (this hosy e deceosed olive o (1) (wg) (did) (did of TURE	21b. TIME EATH HOUR ER) 21c. PLAC (AT HOME. OR PRINT)	OF INJURY A.M. JOHN DAY P.M. E OF INJURY STREET, FACTORY, ONC. FACTORY, ONC.	Y YEAR 19	211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 ADDMEMORIAI	200 AUTOPSY? 200 IF YES YES NO PROPERTIENT OF INJURY IN ITEM 18 PARTIES CITY OR TOWN CITY OR TOWN CITY OR TOWN COUNTY OR TOWN COUNTY OR TOWN COUNTY OR TOWN CITY	COUNTY 19	STATE
27	WHILE AT WORK DR. 22d. PHYSIC DR. D 23a. BURIAL, CRE/(SPECIFY)	T WASHINDERLYING T WASHINDERLYING THE MEDICAPKAAMIN OCCURRED AT NORK THOU (I) (this hose deceosed olive o (I) (wg) (did) (did of TURE IAN'S NAME (TYPE	21b. TIME EATH HOUR ER) 21c PLAC (AT HOME. DITO) of emice) OR PRINT)	OF INJURY P.M. E OF INJURY STREET, FACTORY, ONC. FAR The deceosed from	Y YEAR 19 SAFEC	211 LOCATION 211 LOCATION STREET 211 LOCATION STREET 212 AUTOMOTION PHYSICIAN 22e ADDMEMORIAI CUMBERLAND, EMETERY OR CREMATORY	208 AUTOPSY? YES NOT YES NOT YES NOT CERTIFY YES NOT YES NOT YES NOT CERTIFY YES NOT YES NO	COUNTY COUNTY COUNTY COUNTY COUNTY	STAT
	WHILE AT WORK DR. 22d. PHYSIC DR. D 23a. BURIAL, CRE/(SPECIFY)	T WASUIDERLYING TIMA LASE OF D OFF MEDICAL EXAMIN OCCURRED AIDORY AND LASE	21b. TIME EATH HOUR (AT HOME. DITOL VIEW THE BO OR PRINT) 11 23b. DATE 4-29	OF INJURY P.M. E OF INJURY STREET, FACTORY, ONC. FAR The deceosed from	Y YEAR 19 AME OF C	211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 HOW INJURY OCCUR PHYSICIAN PHYSICIAN CUMBERLAND, EMETERY OR CREMATORY Funeral Home	208 AUTOPSY? YES NOT YES NOT YES NOT CERTIFY YES NOT YES NOT YES NOT CERTIFY YES NOT YES NO	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STAIL



FOR SCARPELLI FUNERAL HOME DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 108 VA. AVE. CUMBERLAND, MORTIFICATE OF DEATH 7b. HOUR APRIL 9,1986 & AGE LIN YEARS LAST BIRTHDAY) IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 176 KIND OF BUSINESS OR INDUSTRY inotype Operator Newspaper 13e STREET ADDRESS / ZIP CODE 420 Louisiana Avenue/21502 Mary Ellen Chesshire Mrs. Charlotte Diehl, Rockville, MD-daughter Servere 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21. COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [MEMORIAL MEDICAL BLDG. CUMBERLAND, MD. 21502 Cumberland Allegany Hillcrest Burial Park Burial 04-12-1986 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 James F. Scarpelli, Cumberland, MD 21502 (VRA 15, 4)

STATE OF MARYLAND

AND THE TAX TO SEE THE STREET OF THE SECOND STREET BOOK OUT THE SAFRI HORIES THE THE LIGHTON BING, CLYMBELLING, NO. 21700 OAT ARE ZARRAN, SILD. THE RESERVE

0-05716	1.	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 8 6	0 9 7 2 3
9 E		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR. 2b. HOUR
may be page 3 er death	L	Herman		Bauer		28 86 8:10 _M
4 may tar. pag after d	3. SE	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
age ours		Male	White	Nov. 27, 1892	93 YRS	
7 2 hg di		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
death.		Maryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Allegany 120 USUAL OCCUPATION	MD.
d the		Cumberland	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING Butcher	
24 hour filled in ould be to	13a.	STATE 13b COUR	other institution Give residence seroni NTY 134 CITY OR TOW egany Frostb	/N 13d INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CO	St. 21532
mpletely og 2 sh		ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
Com Com	16n \	William WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	Christin	ADDRESS 7 4	Myers 5 W. Main St.
be exec an and s. Pages e medice		YES, NO OR UNKNOWN) (IF YES GI	W 1 220-46-4	819 Helen Weis		burg, Md.
TW. PRESION SI., BALLIMORE, MARTLAND 212D The state of the executed within 24 hours. The state of the state		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUI	ation of electro	lyte inhalo	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equirity and injury, a	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	GIVEN IN PART 110
nn. has bee permit. ne prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
G PHYSICIAN. The attending physician ter this certificate her this certificate has the burial-transit, and Mental Hygier ked or them 18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	AY YEAR 19 21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM IS	8 PART I ORPART 2)
UG PHYS attendin ter this c s the burnand Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
END!		saw the deceased alive or	ottended the deceased from 12 - 2 - 19 S 19 S 19 S 19 S	ond that in (my) (our) opinion	death accurred on the date and h	, 19 that (It (we) last our and from the causes stated
AL OR ATT AL DIRECTO detached for ore Dept. of VI: If hem 21		V-A-Rayilt) Nan	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED 4-29-86
HOSPITAL Juned by th FUNERAL Sould be dete th the State PORTANT: If		V. A. Ranjith		LMNH, Seton	Drive, Cumberl	and, MD 21502

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

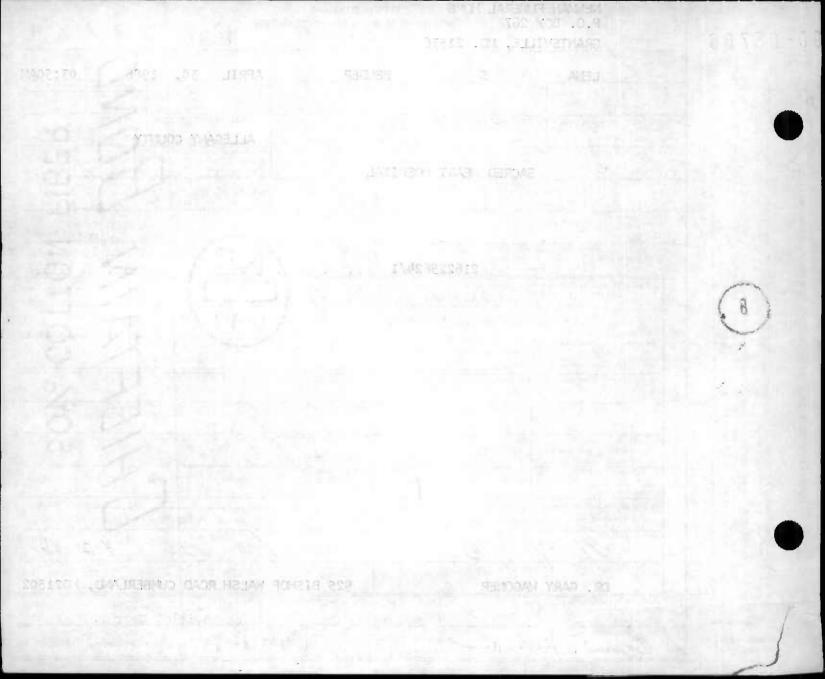
24 FUNERAL DIRECTOR

Dust Funeral Home, Frostburg,

23b. DATE

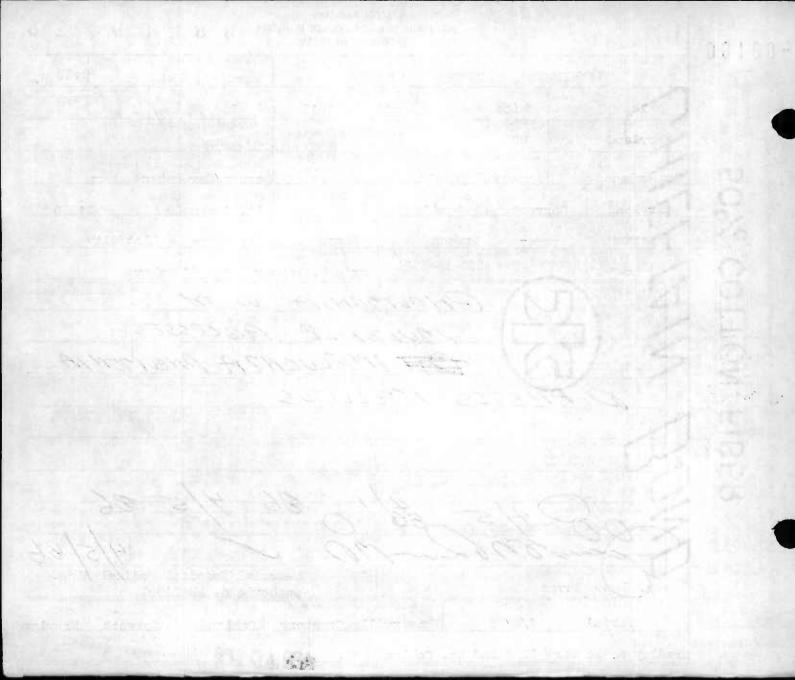
Frostburg, Allegany, statMd. May 1,1986 St. Michaels Com. MAY 06 1988 Suhia Davidon-Andre

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	AL C	AL D			82	Jago	MILL			ATTEN	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		4-0	10-86
	SPIT d by	be of	Z T		22d. PHYSICIAN'S NAM	E (TYPE OR PRI	NT)			22e ADDRESS						
	O Po	ould ould the	MPOKI		DR.	GARY W	IAGONER			925 B1	ISHOP	WALSH F	ROAD C	UMBER	LAND,	MD21502
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	BP.				Burial		5/3/86	G	rantsv	ille Ceme	eterv	Grant	sville	e, Gar	rett	, MD
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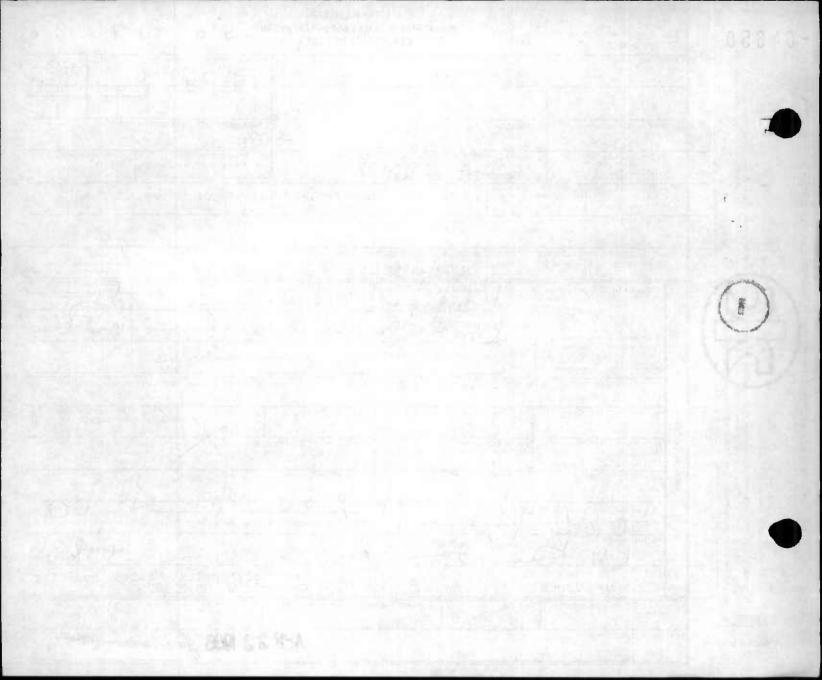
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	j	Male		White		Apri.	1 23, 1915 ^{AR}	70	YRS.		HOURS
35		THPLACE (STATE OR FOR	REIGN 76	USA	what country?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Allegany	OR COUNTY	OF DEATH	
10/		y or town of DEATI berland		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Farmer/Car	OF WORKING LIFE		
122-1	SUA	L RESIDENCE (IF NURSIN		HER INSTITUTION.		E ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	•		
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, MARYLAND 21201	
BALTIMORE	
PRESTON ST.,	
DS, 201 W. PR	
DIVISION OF VITAL RECORD	
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550		FOR STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.
£ 4		CEASED NAME FIRST			5:45
poge 3	3. SE	Χ	4 RACE	ARL BURNER 5. DATE OF BIRTH	April 17, 1986 p.
rs afte		FEMALE	WHITE	AUGUST 22 1909	76 YRS. MONTHS DAYS HOURS M
72 hau		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	
4 6	10. C	PENNA.	USA	RSING HOME OF OTHER INSTITUTION	
50	C	umberland	(IF NOT IN SUCH FACILITY, GIVES Memorial Ho	TREET ADDRESS)	RETIRED CELANESE CORP. SILK
35	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b CO			
New York	14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDE	
		GEORGE	M. MILLE	R EMMA	PEARL HOLLER'ST
You /		VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS CTIMBERT AND MD
medica	(YES, NO OR UNKNOWN) (IF YES,		0-4238 CLARA RECK	CLĘY RFD 1 BOX 218 HOMEWOOD ADDI:
1		18 CAUSE OF DEATH (Enter	anly ane cause er ine facial, ib	and it is a	APPROXIMATE INTERVAL
D D		PART I. DEATH WAS CAU IMMED	ISED BY:	und t	all days
			DUE TO OR AS A CONS	BUENCE CE.	1 10 0,00 0 10 50
die m		Conditions, if any, which	(b) N 6	an sid	may from
ema		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF	unice.
ol, cr rath		underlying cause last.	(c)	O	
la buri jury, o	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
no rior	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
e de	FIC				YES YES NO NO
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Men de la contra del la contra de la contra del la	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	LCITY OR TOWN COUNTY STATE
ond	X	WHILE DISCHRIZE D	(AT HOME, STREET, FACTORY, OF	FICE FARM ETC	CITY OR TOWN COUNTY STATE
olth morl		22a.1 certify that (I) (this ha	south thender the deceased to	1 1 1 P 100	to to the total (wd)
F H is		saw #@dececafid_alive	on_ M	and that in (my) (our) op	pinian death occurred an the date and haur and fram the causes stoted
pt. o		22b. SIGNATURE	not view the bothylatte death.	DEGREE	22C.DATE SUGNED
tached e Dept i If Iten		(11.)	2 / A	ATTENDI	MEDICAL STAFF DIRECTOR PHYSICIAN
h the State		224. PHYSICIAN'S NAME	E CH PRINT!	19th APPRIESS	
th the Star		Dr. Guy Fisc	พร	M. C:	emorial Hospital Medical Buildin umberland, MD 21502
Shaul MPO	230 5	BURIAL, CREMATION, REMOV		23c. NAME OF CEMETERY OR CREMAT	
	230	(SPECIFY)	APRTI. 20 1986		CITY OR TOWN COUNTY STATE
	24 FI	BURTAL UNERAL DIRECTOR	APKIL, ZU 1980	HILLCREST BURIAL	PARK CIMBERIAND ALLECANY MARYIA
6 60M 7/B4		NAME	ADDR		PR 22 BUEN RARDS REGISTRARS SCHAME
A 15, 4)	1	TTOOX-MEKKILL	FUNERAL SERVIC	E CUMBERLAND MARYI	AND



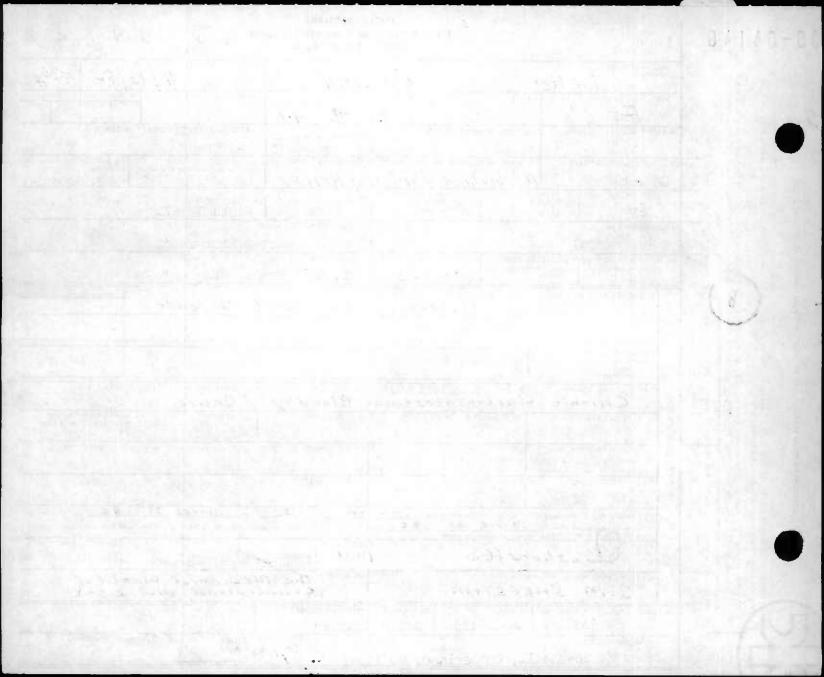
0-05029	FOR 1 - STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	0 9 7 2 8
ge 4 may be ector, page 3	1. DECEASED NAME (TYPE OR PRINT) 3. SEX	FIRST MIDDLE M. RACE	S. DATE OF BIRTH S. DATE OF BIRTH S. DAY S.	6. AGE (IN YEARS LAST BIRTHDA	1 20 86 110 AM
deoth. Po	10. BIRTHPLACE (STATE OF LAW)	DEATH 11. NAME OF HOSPITAL,	NTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED NURSING HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR CO	MD. 126. KIND OF BUSINESS OR
LAND 21201 nin 24 hours offer should be filed with	UMBLALA USUAL RESIDENCE (IF NI 130 STATE UPL VLAD 14. FATHER'S NAME	URSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 136 COTY O	JURSING CONTER	345-6RA	PATAMACO.
BALTIMORE, MARYLAI	BERNAI		VES GERTRU LI SECURITY NO. 17. INFORMANT 14-6950 EL/2AB	IBE ADDRESS ETH CATHE	CHAN, FROMBULLA
, 201 W. PRESTON ST., res that the death that and please remove account please remove account. y, or other froumptic every.	Conditions, if o gove rise to i couse (o), sto underlying cou	immediate of the use lost. (c)	Eardiar arest	TERMINAL DISEASE OR CONDITI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 110
DIVISION OF VITAL RECO DING PHYSICIAN: The low r or ottending physicion. After this certificate has bee to as the buriol-tronsit permit. olth and Mental Hygiene prio morked of them 18 shows any	AT WORK	UNDERLYING DATH HOUR A.M. MONT P.M. LEDICAL EXAMINER; TATHOME. STREET, FACTORY. (I) (this hospitol) ottended the deceosed	H DAY YEAR 19 21F LOCATION STREET		b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE (We) lost
TO HOSPITAL OR ATTEN retoined by the hospitol TO FUNERAL DIRECTOR: should be deteched for us with the Stote Dept. of He MAPORTANT: If Hem 21 is	obove, (I) (we 22b. SIGNATURE 22d. PHYSICIAN'S	NAME, (TYPEOR PRINT) HALM SELECTION AND SEL	DEGREE ATTENDIN PHYSICIA 22e ADDRESS 23c, NAME OF CEMETERY OR CREMATO	MEDICAL STAFF IN DIRECTOR PHYSICIAN	22c. DATE SIGNED 4/2/86 Lulelland
BP DHMH - 16 50M 4/82 (VRA 15, 4)	24 FÜNERAL DIRECTOR	FINERAL HOME, A	BT. MICHAELS	PROST BURG. DATE REC'D. BY REGISTRAR 25b.	REGISTRAN'S SIGNATURE

10-05020 Prince of the state of the stat Commence of the second second of the second William Harry France of the State of the Sta LE THE ELECTION CHARGE THE STATE OF Jan John Solver The string of the same of the string of the There there is the first server the server

al. 0 0 -	4 may be	tor, page 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be by the haspital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the antended phracian and completely littled in by the funeral director, page 3 he detached for use as the buriol-transit permit. Then plane enough contact and an active death

1,	FOR • STATE	DEPART		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 6	0	9 /	2
I. DE	REGISTRAR CEASED NAME FIRST	WIDDLE	0	AST AST	REG. N	MONTH DAY	YEAR	2b. HOUR
	Delta Delta			nell		4/13	186	5 A
3 SE	×	4 RACE White	5. DATE (6. AGE (IN YEARS LAST BIR	MON	INDER I YEAR	HOURS
70. BI	IRTHPLACE (STATE OR FOREIGN)	7b. CITIZEN OF WHAT COUNTRY?	1 2	12 11	89 9 BALTIMORE CITY C	R COUNTY OF	DEATH	
5	COUNTRY)	USA	MARRIE	D NEVER MARRIED D	Allegany			
/	umberland	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME C		126. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife	ON OF WORKING LIFE)	126. KIND OF INDUSTRY	
	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 130. CITY OR TOWN RIDGE	e admission) VN Lev	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS Route 3/2		999	199
74 P. F.	ATHER'S NAME FIRST (nfn)	MIDDLE LAST		15. MOTHER'S MAIDEN NAM			LAST	
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 214-32-		Mrs. Lola Bra	ant, Ridgel	ey, WV		
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one cause per line far (a), (b), or	nd (c).)	rotic Hear	1 0		APPROXIM BETWEEN OF	ATE INTERV
CERTIFICATION	PART 2. OTHER SIGNIFICANT	conditions Contributing to	tina		Pause OR CON	20b. IF YES, W	VERE FINDING	GS USED
THE C	The same of oreal transfer				YES NO	IN CERTIFYIN		NO [
To all the	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	NW	COUNTY	51/
	certify that (I) (this hasp	itol) ottended the deceosed from	Jau.	nd that in (my) (aur) apinion o	deoth occurred on the d			not (I) (w ouses stat
1	276. SIGNATUR	vestta.		DEGREE M.O ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE S	IGNED
1	22d. PHYSICIAN'S NAME (TYPE OF S. M. S.	ORPRINT) HRESTHA		220. ADDRESS The	Memoria Lerland	e Hos Mol.	files 21502	1
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN Junction	5. 9-	OUNTY	STA W
2	UNERALDIRECTOR James F. Scarne	lli, Cumberland.	MD 2	15/1/15/11/1	PECIO TREGISTRAR	256 REGISTRA	R'S SIGNATU	RE %

DHMH - 16 50M 4/B2 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical retained by the haspital at attending physician.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

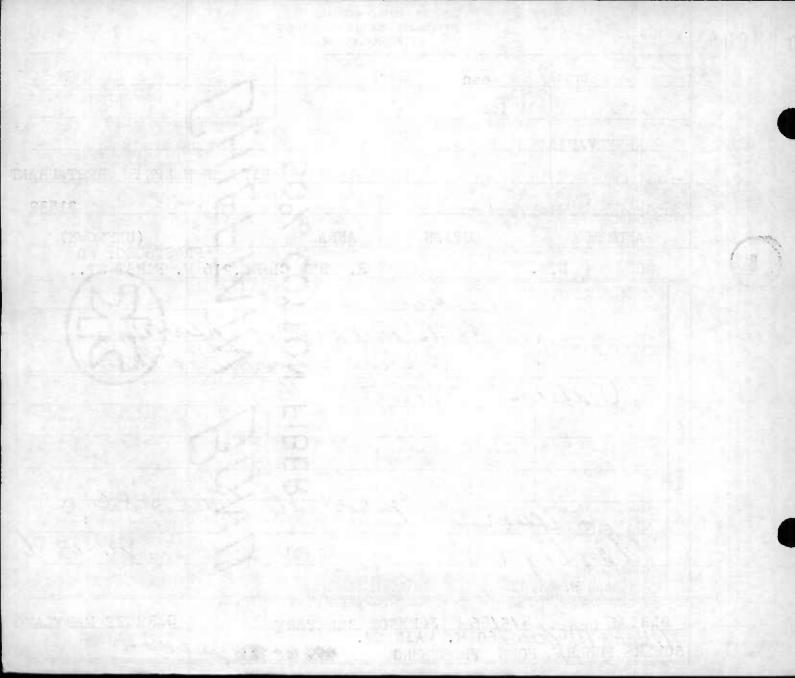
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEG NO					

	(TYPE (OR PRINT)	Dorothy	Je	ean	Clar	rk	R	4	2	86	X
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H		CHPLACE (STATE O	OR FOREIGN 76 CIT	TIZEN OF W	HAT COUNTRY	? 8	D 🕅 NEVER MARRIED	9 BALTIMORE	ITY OR COUN	VTY OF DE	ATH	
21	(PENNSYL	VANIA Un	nited	States	WIDOWE		Alle	egany Co	ountv		
7	10. CIT	TY OR TOWN OF D	EATH 11. N	NAME OF HO	OSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCC	UPATION	GLIFEL IND	KIND OF	BUSINES
/ [Æ	rostbura	,				Hospital	KITCHE	N HELI	PER	RE	STA
1	130. S	L RESIDENCE (IF N	URSING HOME OR OTHER I	INSTITUTION G	IVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP CO	ODE		
5		ryland	&Allega		Frostbu		YES X NO	216 Fir				21
1	4 FA	THER'S NAME				9	15. MOTHER'S MAIDEN NA		DD1E		LAST	
4		ANDRE	W		LUTIAN	A	ANNA			(U)	NKNO	WW)
,			ER IN U.S. ARMED F		16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADD ROS	rbur (G, M	D
		NO UNKNOWN)	(IF YES GIVE WAR O	S. D. D. L. C. C.	187-24	-1855	MR. FRED C	LARK,21	6 W. I	FIRST	r sr	• 9
	\neg	18. CAUSE OF DE	ATH (Enter only one WAS CAUSED BY:	couse per li	10 Por 101, (b1, p	ind ici.	0	2		В	APPROXIM BETWEEN ON	ATE INTERV
		Conditions, if o gove rise to couse (o), sto underlying con	ny, which immediate the use lost.	DUE TO, OR (b) DUE TO, OR (c)	MUN	UENCE OF	My Caral	AL DISEASE OF	Less t	From GIVEN IN	Con	(
	TION	Conditions, if o gove rise to couse (o), sto underlying counderlying country	ny, which immediate by the use lost. GNIFICANT CONDITIONS TO THE	DUE TO, OR (b) DUE TO, OR (c) DITIONS CON	ACCULATION OF THE PROPERTY OF	UENCE OF LED DEATH BUT	My Card My Card My RELATED TO THE THE					(
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UU.	-04827		REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	EXAMIN	IER'S C	ERTIFIC	CATE OF	DEA		REG.		NTH	DAY	YEAR	- HOUS
	ET SS. S. ET			acy Ann	Clark			(C	Jack	()	ľ	OF	KNOWN ESTI- MATED	X 1	4		, \$6	BP M
,	DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DEFILED, MITHIN 72 HOURS BOS ZOLW PRESTON STREET.	3. SE)	F	RACE W	5. DATE OF BIRTH	1907		ARS II - II AY) ACAIT	DER TYR.	POURS 2	MIN. F	RONOUN DEAD		MO!	t	- 1	YEAR 986	2:15M
9	VECESS UNNERAL WITHIN	F	RTHPLACE (STAT REIGN COUNTRY) Laryland		76. CITIZEN OF WE	IAT COUN	TRY?	MARR. WIDOW	-	VER MARRIEI DIVORCEI			lega	ny				MD.
	PAGE PAGE SETILED	Cı	mberlan	d		lechai	nic St	•	ier institut	TION	12a USU FORM HO	AL OCCUP OST OF WOR USEW1	PATION (KING LIFE) fe	TYPE OF W	ORK 1	OR I	OF BUS INDUSTR Own	Home
MD, 21201	ANY DELA AND 3 TO RETAIN P. HOULD BE RECORDS	13a. S			or other institution, Giv NTY egany	13c CITY Cum	BEFORE ADMISSI OR TOWN berlan	d d	13d. INSIDE CIT	TY LIMITS?	13e STRE	ET ADDRE	ss M ech	anic	St	. 6	45	02
RE, MD.	EATH I	14. F/	ATHER'S NAME FIRST	nfn	MIDDLE		LAST		- {	R'S MAIDEN Queen	Vict	toriã				LA	ST	
ALTIMO	H ORN H ORN H ORN H ORN H ORN H SION I SION		VAS DECEASED I ES, NO, OR UNKNOW! NO		MED FORCES? WAR OR DATES)	1100	24-53		Mrs.	Naomi	W1.	Lson,	Cum		and	l,Md	.Dau	ghter
DIVISION OF VITAL RECORDS, 201 W. PRESTON	ULD BE EXECUTED WITHIN "PENDING" IN PENCIL IN ENDICAL EXAMINEE A SEDICAL EXAMINEE A SEDICAL EXAMINEE A SEMINAL TRANSIT PRESENTAL IN THE AND MENTAL HE AND THE CREMATION, OR REMO	z	gave rise cause (a) st lying cause		(b)	AS A CON	SEQUENCE	OF	E OR CONDITION	I GIVEN IN PART	l (a)							
VITAL REC	88 <u>8</u>	CERTIFICATION	19a. DATE OF O			3.7	WHICH OPER									YE	ITOPSY?	NO []
DIVISION OF	HIS CERTIFICATE WRITING THE WARDED TO THE AGE 3 SHOULD B ATE DEPARTMEN 1201 PRIOR TO HIS WALL TO BE ADDITIONAL TO BE ADDITION	MEDICAL CEN	21d. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK	OR CAUSE OF	DEATH P.M.	MONTH		211 LO	CATION STREET	OCCURRED	(ENTER N	CITY OR TO		18 PART 1	COUN			STATE
•	DICAL EXAMINER: I) TE THE CERTIFICATE, A SHOULD BE FORW NERAL DIRECTOR: PV DEATH, WITH THE SIT, AORE, MARYLAND, 2			from: Natu	ge of the remains desiral cause D	éribed aba		Autap	y Homico		_	Inquiry rmined mo	inner	and in m	ATE GNED	4	-18.	-86 1250
	PACECUA PACECU	(Burial	ON, REMOVAL	4-21-1986	St	iame of CEA	Memor	R CREMATO		23d. LOC	CATION PRIOWN IMber	land,	, A1	Leg	any	, Mď	TE.
	DHMH - 17 (VR A15 ME (5))	24. F	NAME AMES	F. Sca	rpelli Gun	berla	and, Mo	1. 21	.502	250. DATE RE	C'D. BY	REGISTRA	R 256 RE		₹'S SK	SNATUR	RE	
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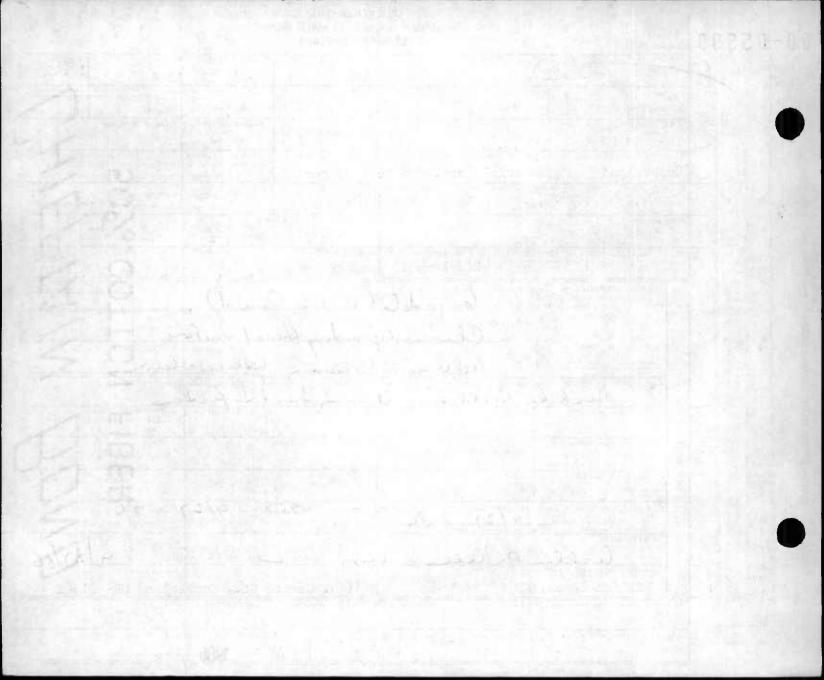
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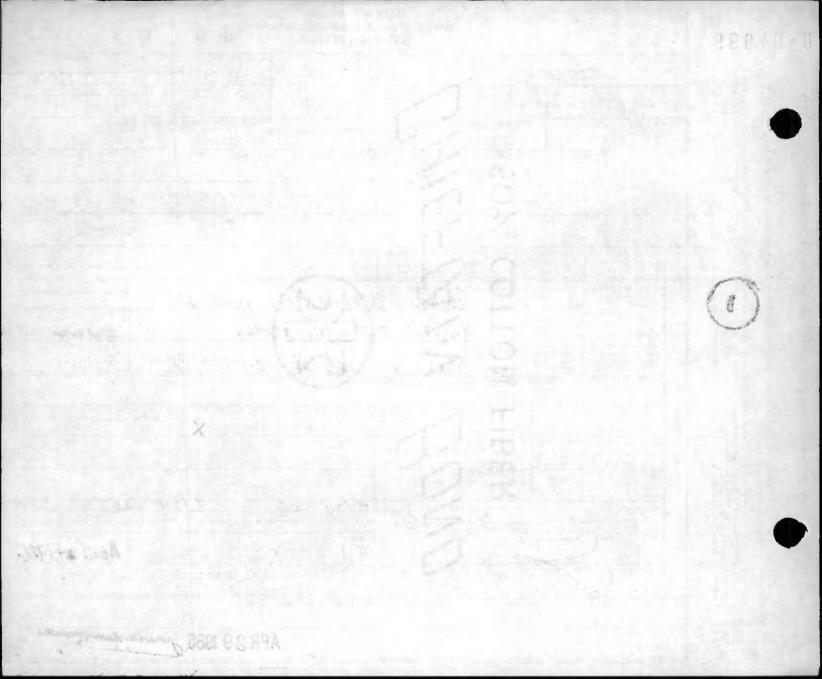
00-05599	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYD ICATE OF DEATH	SIENE 8 6	0	9 7 3 2
1	1. DE(EASED NAME FIRST	MIDDL	E	i.	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
nay be poge 3	-11444	JUST:	INA H	ELEN	CLA	YTON	April 27,	1986	10:45 _{PM}
may rer d	3. SE)		4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDI	DAYS HOURS MIN.
ge 4		emale	White		0c1		78	YRS.	
Po di di		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHA	AT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DI	EATH
deat deat		st Virginia	U.S.A.		WIDOWE		Alleg	any	MD.
the the		TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT		L KIND OF BUSINESS OR DUSTRY
201 ris ofter ris ofter ris ofter		mberland				al Center	Homem	aker	Home
ND 212		TATE 136 COU		CITY OR TOW		13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS 528 Colum	/ ZIP CODE	/ 21502
erthin arthin 2 sh	14. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST
MAR ed w			Grant	Robey		Essie	-		Vance
e executed in and campi		AS DECEASED EVER IN U.S. AF		SOCIAL SECU		17 INFORMANT	ADDR	ESS 600 Br	raddock Ave.
MORE exect on and co. Pages		ES, NO OR UNKNOWN) (IF YES, GI	_ 2	12-74-6	5485	William Clay	ton, Jr.	LaVale	e. Md. 21502
ST., BALT		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line	fer (a), (b), and	dig	000	2 12		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,			TE CAUSE (a)	esuga	Ach	(Cerclicate (onex)		
TON ath c endir e. cork n, ar			DUE TO, OR AS	A CONSEQUE	NCE OF	0 1 11	12.0	7	
RESTOI e death move co natian, a		Conditions, if any, which gave rise to immediate	(b)	Lucy	11/1	franking Ha	sind your	gn.	-
W. P not th by th ase re creen		couse (a), stating the underlying couse last.	DUE TO, OR AS	A CONSEQUE	NCE OF	C	alle	20 Cenar	
201 es th ned b plea uriol,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISCASE OR COM	NDITION GIVEN IN	PART 110
RDS,	NO	Deals	de wed	elefe	. 4	ruci fran	I Life	len.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after this certificate has been signed by the attending physician and campletely filled for by as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, ar removal.	CERTIFICATION	198. DATE OF OPERATION	196 CONDITION	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
VITAL NN: The hysicia recorder transit Hygie	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN		AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART I OF	R PART 2)
SICIA ng ph certifi vriol-tr lfem	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DA	19				
SION PHYS endin this of d Me d Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF II		ARM ETC)	211 LOCATION STREET	CITY OR I	OWN CC	OUNTY STATE
DIVISI DING P ar atter After th After th and Marked	2	AT WORK AT WORK							3 -
J D D A S D E		22a. I certify that (1) (this hosp			20	4 L. 19 195	9. to 4/2	7 18	that (1) (we) last
R ATTEN hospital IRECTOR hed for u ept. of He	- 12	saw the deceased alive or above, (I) (we) (did) (did n	ot) view the body offe	r death. 19 🕉		a that in (my) (aur) opinion	death occurred an the o		
0 0 0 0 0 4		22b. SIGNATURE	- 1			DEGREE	MEDICAL STA		2c DATE SIGNED
		22d PHYSICIAN'S NAME (TYPE)	and onle	lu		PHYSICIAN E	DIRECTOR PHYS	CIAN	4127186
O HOSPITAL etained by the TO FUNERAL should be deto with the State with the State MAPORTANT:							G. G		E 01-00
TO HOSP retained TO FUNI should be with the	02.0	William Iame		100	IAME OF C	441 N. Centi	123d LOCATION	berland M	D 21502
	. (URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	CITY OR TOWN	COUN	
BP		rial UNERAL DIRECTOR Georg	4-30-86	ISL	<u>inset</u>	Memorial Park	C Cumberla	nd-Allega	NY-MD SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)		2 Greene Stree					14	Julia Devid	2002
(+10, 13, 4)	۲	areene stree	r-cumber 19	inu, ridi	y i dil	21502 MA	3 300	The state of the s	



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03109	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0 9 7 3
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH M	
may be poge 3 er death		VIRGIN	IA BEATRIC	CE DI	ECKER	APRIL 7, 19	986 5:30A
	3. SE	X	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HR
ge 4 ector		female	white	1	2-19-1914	71	YRS.
o o o		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
funeral thin 72 h		WV	USA	WIDOW		Allega	iny ,
A THE STATE OF A	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	120 USUAL OCCUPATIO	
S of section of sectio	CU	MBERLAND	MEMORIAL HOSP			housewife	own home
Poor	USU 13a	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	
3 1135				perland	YES NO		art Avenue/21502
1	14. F/	ATHER'S NAME	MIDDLE LA		15. MOTHER'S MAIDEN NA		LAST
1 10/		Allen Ma		131	FIRST	Ethel Dovle	LASI
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIA	L SECURITY NO.	17 INFORMANT	ADDRES	S
1 1	1 (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 217-1	0-7621	Mr. Raymond	1 Decker (Cumberland, MD-hus
85-4/	H	18 CAUSE OF DEATH (Enter on			THE TRAYMOND	U. Ducker,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
rtificat physic phop emovo event,	1	PART I. DEATH WAS CAUSE	D BY:		cehrovascu	lar accio	dent 2 Hours
		IMMEDIAT	TE CAUSE (0)				211000
attendin nove carb ation, aci			DUE TO, OR AS A CON	SEQUENCE OF	DIION CV	A'S	VIENT
e de mov protic		Conditions, if any, which gave rise to immediate	(b) 11WC	11/11/2	B7100	. (7
by th ise re cren	1	couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF			
ed by please priot, cr		PART 2 OTHER SIGNIFICANT O	(c)	IC TO DE ATURU	NOT BELLIED TO THE TERM	NAME OF STREET OF SOUR	TION CIVEN IN BAST 1
sign ben l o bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	HON GIVEN IN PART 116
w rec	1 5	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	28b. IF YES, WERE FINDINGS USED
	문						IN CERTIFYING CAUSES OF DEATH?
T in the state of	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c HOW INJURY OCCURE	YES NO	
'SICIAN: TI ing physicic certificate urial-tronsit Aental Hygi		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	3000	(
iySICIA ding ph s certif burial-t Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19	21f LOCATION		
I 2 2	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY	OFFICE FARM, ETC)	STREET	CITY OR TOW	N COUNTY STATE
ar after the se os the marked		AT WORK AT WORK					
00 (1)	1	22a.1 certify that (1) (this hospi saw the deceased alive an				, to	, 19, that (1) (we) for
15 of 5 o 5		obove, (1) (we) (did) (did na	t) view the body after death.			death occurred on the dat	e and hour and from the causes stated
OR A be has DIREG ached Dept.		22h. SIGN ATURE	4	- 11	DEGREE	-MEDICAL STAFE	22c. DAT! SIGNED
	J	warian	(kiny	N		MEDICAL STAFF	THE 186
A Ster by		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		MEMORIAL HOS	PITAL MEDIC	AL BUILDING
S b K H b E /	1	DD	C				
HOSPITAL oined by th SEUNERAL avild be det ith the State		IDR. T. WILLIAM	3		ILLIMBERI VVIII		715(1)
retoined by H TO FUNERAL should be det with the State		BURIAL, CREMATION, REMOVAL		23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION	21502
BP TO FUN with the With the MPORT						23d LOCATION	COUNTY STATE
Of Of War		BURIAL, CREMATION, REMOVAL	04-09-1986		Memorial Park	23d LOCATION CITY OF TOWN CUMberla	COUNTY STATE

999 1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH STATE REGISTRAR STATE OF MARYLAND REG. NO. STATE OF MARYLAND REG. NO.				
1 DE	CEASED NAME FIRST WILLIAM		ICK	20 DATE OF DEATH MONT April 24, 198 6 AGE (IN YEARS LAST BIRTHDAY)	36 9:10 Am
3. SE	MALE	WHITE	HOVEMBER 0,1914		MONTHS DAYS HOURS MIN.
70000	SIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial Hospital		□ Allegany MD.	
Cu	nty or town of death mberland				
130. M	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ALLE) ATHER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION THY GANY CUMBERLAND	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP 619 FATRVIEW	
E /		C. DICK	LUCILLE	MARTE	ARNOLD
	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) VES (IF YES GIV	EWAR OR DATES)	17 INFORMANT ELOISE DICK 6	19 FAIRVIEW AV	VE CUMBERLAND MD
		ly one cause per line for (a), (b), ond (c) D BY: E CAUSE (o)	respirator	y arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
other traumore	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) AND TO CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	Corebady	Mend Cogg	- 5 days
4ygiene prior to bund 8 shows any intervent	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO DEATH BL		IN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR	8	YES NO	YES NO
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
¥	220.1 certify that (1) (this hospital) attended the deceased from 1, 19, 19, 19, 19, 19, 19, 19, 19, 19,				
	22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED April 24,1986
NA J	Dr. Riaz Janjua		Memorial Hospital Medical Bldg. Cumberland, MD 21502		
230	BURIAL, CREMATION, REMOVAL (SPECIFY) URIAL		CEMETERY OR CREMATORY	23d. LOCATION	
	FUNERAL DIRECTOR		250. DA		



0 - 0 5	014	RE	GISTRAR ROM	VEY,	WV 267		CERTIF	ICATE OF D	MENTAL HYG DEATH	20. DATE OF DE	REG. NO.	O 9	26. HOUR	6	
2 0	£ 9	(TYPE OR P	RINT)	JDE	C	ELESTE		OLAN		APRIL 2	1, 1986		9:40	R	
and bod	1	SEX			4 RACE		5. DATE C		YE AR	6. AGE (INYEARS		MONTHS DAYS			
4 80	5	1	emale		Whi	te	Jan.		1904	82	YRS				
e 6 € 6	SA		PLACE (STATE OR FO		16 CITIZEN OF U.S.		RY? 8 MARRIE	NEVER A	AARRIED 🖫		CITY OR COUN				
deo de	24		Virginia OR TOWN OF DEA				WIDOWE		VORCED	ALLEGANY COUNTY 126 USUAL OCCUPATION 126 KIND OF BUSINESS					
s offer by the	12	4	berland		LIE NOT IN SUC	SACRED HEART HOSPITAL (TYPE OF WORK FOR MOST OF WORKING AT SCHOOL Teacher)							ic Sch	_	
24 hoor	85	ISUAL R I3a. STAT		IS LOUN Tamps	1TY	131 CITY OR ROmney	TOWN	13d. INSIDE C	ITY LIMITS?	13e.STREET ADD	RESS / ZIP CO	emary La	ne	1	
d within	100 2 100	4 FATHE	R'S NAME FIRST Ernest		MIDDLE right	Dola			S MAIDEN NA		McCa	uley	AST		
ecute d con	0 8		DECEASED EVER I	N U.S. AR			SECURITY NO.	17 INFORMA	NT		ADDRESS				
\$ 5 5 E		(YES P	No	(IF TES GIV	E WAR OR DATES)	234-62	2-4879	Larry	Dolan,	W. Rose	emary La				
tote hysicie	ooper over	18	CAUSE OF DEATH PART I. DEATH WA	Enter on	ly ane cause pe D BY.	r Mafar (a), (b	o, and ici.)	PIRAT	- P. F	FAILUR	' <i>=</i>	BETWEEN	XIMATE INTERV ONSET AND D	DEATH	
	900			IMMEDIA1	E CAUSE (a)			1	0109	1112071	_	110	eek		
- (if B out	Son. c	C	onditions, if any,	which	DUE 10, C	PR AS A CONS	20 mor	110	100			100	eer		
Prof. fd	ose remo	CC	ove rise to imm ruse (o), stating aderlying couse	g the	DUE TO, C	R AS A CONS					- 1)		
ATESICIAN The law requires to attending obysition.	igned en ple burid ury, or		RT 2 OTHER SIGN	· /	CONDITIONS	ONTRIBUTING	TO DEATH BUT	/ ~	1 -1 /				10		
pa 1 100	18 27	CERTIFICATION 130	DATE OF OPERAT		196 COND	OITION FOR WI	HICH OPERATIO	N WAS PERFO		Se d		YES, WERE FIND			
te for	1	THE	3-10-			Color	1 -	leed		YES N		TIFYING CAUSE YES []	S OF DEATH		
Z S S	8 6	210	ACCIDENT WAS UND	_	11010	OF INJURY	DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATUR	OF INJURY IN ITEM !	B PART 1 OR PART 2)			
SICIA out of	100 19	3 OF	CONTRIBUTING C	AL EXAMINER) P	.M.	19								
1	0 × 0 / 0 × 0 ×	-	INJURY OCCURR			OF INJURY	FICE, FARM, ETC.)	21f LOCATION	N	c	ITY OR TOWN	COUNTY	51	TATE	
A 4 4 5	lith a horke		MILE NOT WH				3-	-	80	4	20	86	1 (2)	->14	
_ E E 8	1 Head	220	saw the decease above (1) we) (d					nd that in my	(aur) opinion	death accurred a	n the date and h	naur and fram the	e causes sta	re) last	
R AT hosp	had to ript is hem 2	220	obove (I) we) (d	id (did no	view the bady	y after death.		DEGREE				22c. DAT	E SIGNED	7	
Al O	T. F. D		(low	und	Hus	les 1	2)	A	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	4	121	182	
d by	T See	220	I. PHYSICIAN'S NA	ME (TYPE C	OR PRINT)			220 902BES	S				-		
51.5	WPO	-	DR. ANDRI	-		MD			ETON DR		1BERLAND	, MD 2	1502		
CA CAROL	19	23a. BUR	Burial	REMOVAL	23b. DATE 4/22/8	36	23c NAME OF C Augusta			23d LOCATIO	OWN	ampshire		TATE	
144 9 1	UI		RAL DIRECTOR	Ke		Shaffe				E REC'D. BY REG		A			
1 hint	5 60M 7/84		blo MF	444			Ecc.		57 APF						

SHAFFERS FINERAL MAKE 230 E. WALN STREET ROPHEY, IV 2015

ACRE SETCH ONLYS CHRENIAND, NO 1150M

DOLLY · L Male | White Dul. 23, 1926 59 The second second ASU Cumberland Educated DOM Comer/orerator Fraction Co. 1D Allegany Cumberland xx Rt. 1, Box 6 21530 Dayton Doxter Dolly Verds M. H.

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Yes war 212-20-5355 seraldine bolly Frint-cone, in

Apr. 28 4 85 4

GIOVERS LESTINGERO, M.D. 900 Seton Drive, Camber, Beg. burial .pr. 1,1986 stendale Cemetery Flintetone Allegany .m

William G. Might Cumperland, AD

	FOR	DEPARTMEN	TOF HEALTH AND MENTAL	HYGIENE (9 7 5 6						
36 1'-	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										
1. DI	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26, HOUR						
3. SE	(PE OR PRINT) RUTH	NAOMI	TILE	OF ESTI- DEATH MATED	4 12,986 1300						
3. SE			FIKE E (IN YEARS) IF UNDER 1 YR. IF UNDER	ER 24 HRS. 2c. DATE	MONTH DAY YEAR 2d, HOUR						
	Female Cau		BURTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED							
	TATTE		TRS.	DEAD	4 12 86 2215						
70. E	BIRTHPLACE (SWIFE IL	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAR	RRIED 9. BALTIMORE CITY OF	COUNTY OF DEATH						
	PENNA.	USA			MD.						
10. 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE (OF WORK 126 KIND OF BUSINESS OR INDUSTRY						
1 Cr	umberland	Apt 606 Cumber1	and Arms Apts	RETIRED NURSE	NURSE						
USU	AL RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		21500						
130	Maryland Alle	gany 13c, CITY OR TO			St. C'land Arms						
_	ATHER'S NAME	gairy Cumberi	15. MOTHER'S MAII		St. C'land Arms						
17.	FIRST	MIDDLE	FIRST	WIDDLE	LAST						
-	MAHLON	FIK		ADDRESS	HOYMAN						
	WAS DECEASED EVER IN U.S. ARAYES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			ST PHIRNE ROAD						
L	NO	214-32-	3118 MRS PAUL	SCHELLER CLEAR	OT THINK NOAD						
	18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and	c).)	CLER PER	BETWEEN ONSET AND DEATH						
	PART I DEATH WAS CAUSE	o BY: TE CAUSE (a) Cardio-pul	monary arrest		sudden						
	INVINEDIA	(DUE TO, OR AS A CONSEQU			- Judgett						
	Canditians, if any, which	Hypertensi	ve cardiovascular	heave diases							
	gave rise to immediate couse (o) stating the under-	DUE TO, OR AS A CONSEQU		meart disease	years						
	lying couse lost.	DOE TO, OK AS A CONSEGO	1102 01		,						
	BART 2 OTHER CICARCICANT CONDITIONS	(CONTRABILITIES TO OF ATH BUT HOT BELAYED TO	THE TERMINAL OVER 17 OR CONSTRAIN AND IN								
z		CONTRIBUTING TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (g).							
쉬음	196. DATE OF OPERATION	Tigh CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?						
기 절	176. DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION WAS PERFORMED?								
1 2	a successive carries				YES NO.						
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)						
18	CONTRIBUTING CAUSE OF		19								
ED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT) STREET, FACTORY, FARM, ETC.)	OME, 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE						
2	AT WORK AT WORK	JINEEL, LACIORT, FARM, E(C.)	J. NEEL	CITTORTOWN	COUNTY STATE						
		- (4) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -									
		e of the remains described obove, he		X m	d in my apinion						
1	deoth resulted from Natur	Accident .	Suicide, Hamicide	Undetermined manner,							
	ACTUAL //		TITLE (SPECIFY)		DATE						
2	SIGNATURE	Y Arm	M.D. Dpty	MEDICAL EXAMINER	DATE SIGNED 4-12-86						
)	EVALUATE DISTANCE ALANA	V /1	in,		. 12 00						
	EXAMINER'S NAME Paul	Snow, M.D.	ADDRESS Memo	riol Hounital Cu	mberland Md 21502						
23a.			OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN							
		PRIL 15 1986 UNIC	ON CEMETERY		COUNTY STATE STATE STATE						
24	FUNERAL DIRECTOR		25c. DAT	E REC'D. BY REGISTRAR THE MEGIS	TRAPSSIGNATURE						
	STLCOX-MERRITT	FUNERAL SERVICE (CUMBERLAND MARYLAN	1098 Julie Devilo	N-Marketon						
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STATE OF MARYLAND

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offer 4	3. SE	^x Male		4. RACE Whit	е	5 DATE O		6. AGE (IN YEARS LAST B	YRS.		IF UNDER 24 I
death. Page uneral direction 22 haurs	76. B	BIRTHPLACE ISTATE OR FOREIGN COUNTY CITY OR TOWN OF DEATH ONACONING		WIDOWED 11. NAME OF HOSPITAL, NURSING HONE OF HOSPITAL, NURSING HONE OF HOSPITAL, NURSING HONE OF HOSPITAL ADDRESS MAD NEW MATTER OF HOSPITAL ADDRESS MAD NEW MA				9 BALTIMORE CITY ALLE		FDEATH	
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filled in rould be			ANDERSON TO		GIVE RESIDENCE BEFOR	ing	13d. INSIDE CITY LIMITS?	Dans Mt.	+32/53		
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n and co		WAS DECEASED EVER		E WAR OR DATES)	215-18	-8302	Mrs. Olive	Monaconi Lonaconi	ng, Md4	3 <u>Par</u>	39Mt
s that the death ed by the attend lease remove ca rial, cremation, c ar other trauma:		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, if any, which (b) DUE TO, OR AS A CONSEQUENCE OF (c)									
requires en signe . Then pl or ta buri	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI Athrosclentic Cornary disease, peripheral vascular disease									
ion. hos be hos be it permit piene privile	CERTIFICATION	190. DATE OF OPERAT		196. COND	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYII		
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	MED	WHILE NOT WHAT WORK AT WORK	ILE	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATI
R ATTENDING hospital or oth IRECTOR: After hed far use as t hed far use as t		220.1 certify that (1) saw the decease above, (1) we (1)	dative on	191	7/9 19	86	nd that in (my) our) opinion	death accurred on the	dote and hour a	nd from the c	
OR he	,	22b. SIGNATURE	om	1.8	Perli.	mo.		MEDICAL ST.	AFF ICIAN 🗌	27c. DATE S	2 7- 80
TO HOSPITAL retained by TO FUNERAL should be de- with the Stote		Thomas					55 Jackson				
BP E ₩ 3 ≤ -	23σ.	BURIAL, CREMATION,	REMOVAL	236. DATE	86 F1	name of costb	urg Mem. Pa	rk Frest	urg Al	legar	ny Ma

Funeral Home, Lonaconing, Md. DHMH - 16 50M 4/83 (VRA 15, 4)

Frostburg Mem. Park Frostburg Allegany Md

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE juna fundom forder

April 27, 1986		Hoote		relev.	
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-02984	1-	FOR STATE REGISTRAR		DEPAR	MENT OF HE	OF MARYLAND ALTH AND MENT CATE OF DEAT		8 6 REG. NO.	0	9 /	41
9 31 6		CEASED NAME FIRST MARGA	RET	Ann	FRIZZE	LL	2a D.	ATE OF DEATH M	04 C	04 86	26 HOUR A.
ge 4 may ector, rs ofter	1 SE	FEMALE	4 RACE WHITE		5. DATE OF		95 9	_	YRS.	NIHS DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Po		RTHPLACE (STATE OF FOREIGN COUNTRY) Marylan	d US	76. CITIZEN OF WHAT COUNTRY? USA WIDOWED NEVER MARRIED OF NEVER MARRIED OF SALLEGANY COUNTY ALLEGANY COUNTY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINES							
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in 24 houy filled in thould be	130. 5		OR OTHER INSTITUTION UNITY LLEG	13c CITY OR TO	ERLAND	36 INSIDECITY LI YES X NO		REET ADDRESS / 2			
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ficate be execuply signal on a company of the medico		VAS DECEASED EVER IN U.S. A YES, NO OR UNITY OF THE YES, (GIVE WAR OR DATES)	212548	3418	THE	MEMORIA BERLAND	L HOSPITA	L MEMO		AVENUE
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JAN: The physicion. The thic complete the thick com		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E			DAY YEAR	21c. HOW INJURY	OCCURRED (E	NTER NATURE OF INJURY	YES [NO [
PHYSIC tending this cer he burio nd Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	.M. OF INJURY IREET, FACTORY, OFFICE		211 LOCATION STREET		CITY OR TOWN	ı	COUNTY	STATE
TEN TOR: or us		22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did	on	19_	, ond	that in (my) (aur)		occurred on the date	ond hour or		nat (I) (we) lost
0 0 0 0 0 5		THE SIGNATURE THE	J L	e Chen		ATTEN PHYS 77e ADDRESS	IDING MEDICIAN DIRE	DICAL STAFF	N	22c. DATE SI 4-4	-86
TO HOSPITAL retained by th TO FUNERAL should be detect with the Stote IMPORTANT: I	23a E	SUSAN BURIAL, CREMATION, REMOV		HWBe	NAME OF CE	METERY OR CREM	251 BL	BILDY LOCATION	42	17,	532
BP		SPECIFY) Burial UNERAL DIRECTOR				urg Mem	. Pk.	Frost	ourg	Allega	any Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		ichhorn Fun	eral Ho	me Lor	nacomi	ng,Md.	APRO		9	ALOUN-PO	-

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		BURKE FUNE			STAT	E OF MARYLAND			-			
	1 -	FOR ROWELSBURG STATE REGISTRAR	, WV 26	425 DEPAR		EALTH AND MENTAL HY	GIENE B REG. N	o. 0	9 1	4 2		
00-00041		CEASED NAME FIRST		WIDDLE		FUNK 20. DATE OF DEATH MONTH DAY YEAR 2						
oy be	_	BERNIC		AE	FUNK		86	7:30				
ge 4 mc ector, p	3. SE:	Female	4. RACE WÌ	nite	Dec.	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	HOURS MIN.		
nerol diin 72 hou		RTHPLACE (STATE OR FOREIGN WV	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWI	D X NEVER MARRIED DIVORCED	9 BALTIMORE CITY C ALLEGANY		FDEATH	MD.		
os ofter of softer of the full med with	1	ty or town of death umberland	11. NAME OF HÖSPITAL, NURSING HOME OR SACRED HEART HÖSPITAL				ROTHER INSTITUTION 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING-LIFE HOMEMAKET			BUSINESS OR		
AND 212	13a. S	WV	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION NTY Ceston Rowlesburg			13d INSIDE CITY LIMITS? YES NO 🗌	13e STREET ADDRESS . Church	0100				
MARYL pmpletely and 2 s	34. FZ	THER'S NAME John We	sley	Shaff	er	15. MOTHER'S MAIDEN NA Blanche	WIDDLE		H e bi	b		
IMORE, on execution and comments of the commen		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV	MED FORCES? (E WAR OR DATES)	2360494		Helen M. Fe	Lton Rt. 2,		06, R i c	dg le y, W		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120: NG PHYSICLAN The law requires that in dramp certificate be executed within 24 hours of the certificate flow beautisigned by the difficulty physician and completely filled in by as the twinst-froming primit. Then please remove calloop papers. Pages 1 and 2 should be the notal Meeting filled in by as the twinst-froming primit. Then please remove calloop papers. Pages 1 and 2 should be the ord Meeting filled in by as the twinst-from the primit of		18. CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, C	DR AS A CONSECUTION OF A C	UENCE OF	Jacture			APPROXIM BETWEEN OF	AATE INTERVAL INSET AND DEATH		
AL RECORDS, 201 the law equires the to be the present signed b t permit Then pleas the present obtains).	CERTIFICATION	PART 2 OTHER SIGNIFICANT	Jarly	M		NOT RELATED TO THE TERM	AINAL DISEASE OR CON 28a AUTOPSY?	20b IF YES, W	/ERE FINDING			
OF VII. CLAN. 1 physics physi	_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)			
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HOSPITAL OK ATTENDIng by the hospital or FUNERAL DIRECTOR. A sould be detached for use in the State Dept. of Heal he he heal the state Dept. of Heal PORTANI. If them 21 is many than the state Dept.		22a I certify that (I) (this hosp: saw the deceased alive on above, (I) (Se) (did) (did no 271 SIGNATU 22d. PHYSICHAN'S NAME (1996 C BRADDOCK ME	or PRINT)	y ofter death.		DEGREE ATTENDING PHYSICIAN [22e ADDRESS 912 SETON DR	MEDICAL STAI DIRECTOR PHYSIC	FF CIAN 2	22c DATES	IGNED 29 - ST		
999BP 49	(BURIAL, CREMATION, REMOVAL SPECIFY Burial	236 DATE 5-1-8	6 P	reston	EMETERY OR CREMATORY Memorial Gar	23d LOCATION Corresponding W	ood Př	eston	₩\$		
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR IMES F. Scarpel	li Fune:	ral Hôme.	, Cumbe		TE REC'D. BY REGISTRAR	25b. REGISTRAF				

BIE SETON DRIVE CHYBERLAND, MD. 2150X

(VRA 15, 4)

STATE OF MARYLAND											
DEPARTMENT OF HEALTH AND ME	NT AL HYGIENE										
CERTIFICATE OF DEA	ATH										

05216	1.	FOR STATE REGISTRAR		9 /	43							
		CEASED NAME FIRST		MIDDLE	Ĺ	AST	2a DATE OF	DEATH MON	TH DAY	YEAR	26. HOUR	
oge 3		THOMAS		ALLEN	FU	NK		24, 1			11;51BA	
frer of	3. SE	X	4 RACE		5. DATE C		6 AGE IN YE	ARS LAST BIRTHDAY	IF UN	DER 1 YEAR	IF UNDER 24 HRS	
oge 4	100	Male	Whi			y 3,1932	53		YRS.			
h. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED									
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the t		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN LAL HOSPI		OR OTHER INSTITUTION		128 USUAL OCCUPATION 128 (TYPE OF WORK FOR MOST OF WORKING LIFE) IN			F BUSINESS OR	
Ser Age	1	UMBERLAND					Skil	led La	abor	Stee	1_Mills	
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2 sh	14. FA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM						
be ond		Frank	MIDDLE	Funk		Allie		WIDDLE	Kitz	mill	er	
S - S	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				
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gned by the ottending channel please remove carbon partial, are motion, or remove ry, or other troumatic event,		18. CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (o) DUE TO, O OUE TO, O	AS A CONSEQUE	ENCE OF	PAILUR MTRACTION NOT RELATED TO THE TERM	BIE	or conditio	DN GIVEN IN	11	MATE INTERVAL INSET AND DEATH ONE OF THE STATE OF THE STA	
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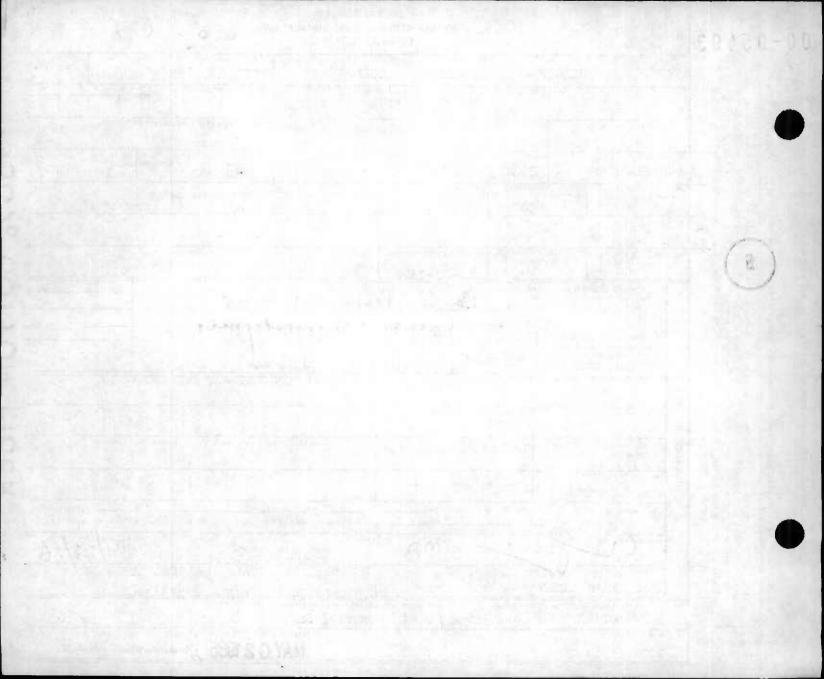
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equires na signed Then ple	NO	PART 2 OTHER SIGN	NIFICANT C	onditions <u>co</u>	ontributing t	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	CONDITION C	IVEN IN PART 1	(0)	
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NG PHYSICIAN: The low require ottending physicion. Iter this certificate has been signs the buriol-tronsit permit. Then hond Mental Hygiene prior to be breked or Item 18 shows gray injury.		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	FINJURY IN ITEM 1	B PART I OR PART 2)		
4G PHYS ottendin iter this c sthe but h ond Me	MEDICAL	21d. INJURY OCCURI			OF INJURY REET, FACTORY, OFFIC	E. FARM ETC)	211 LOCATION STREET	СІТУ	OR TOWN	COUNTY	STATE	
OR ATTENDIN ne hospitol or DIRECTOR: Al Doched for use or Dept. of Healt		220.1 certify that (1) sow the decease above (1) (we) (c 22b. SIC MATURE	ed alive on.	in the last	ofter death.	, or	, 19	deoth occurred on t	he dote and h		that (I) (we) lost couses stated	
by the by the BRAL state of details in NT.		22d. PHYSICIAN'S NA	AME (V)E OF	(PRINT)	- 11	ND	ATTENDING PHYSICIAN [DIRECTOR PH	STAFF YSICIAN [BUILDI	28/86	
TO HOSPITAL retoined by 1 TO FUNERAL with the Store IMPORTANT:		DR. QAMAR			Too		CUMBERLAND, 1	MARYLAND	2150	2		
BP		SURIAL, CREMATION, SPECIFY) Buria		23b. DATE 04-30			emetery or crematory demorial Cem.	Cumbe	rland	Allegar	ny MD	

DHMH - 16 60M 7/84 (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



99	-
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dean centrificate be executed within 24 havrs after death. Page 4 may be secured by the haspital ar attending physician.	U 4
TO FUNERAL DIRECTOR: After this certificate has been signed by the attention and completely filled in by the funeral director, page 3 should be detected for use on the burinistic response in the property of the page 1 and 2 should be filled with the state page 1 and 2 should be should be filled with the state page 1 and 2 should be should	IU
MPORTANT, If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical example transition to find a formation of the contract of th	1

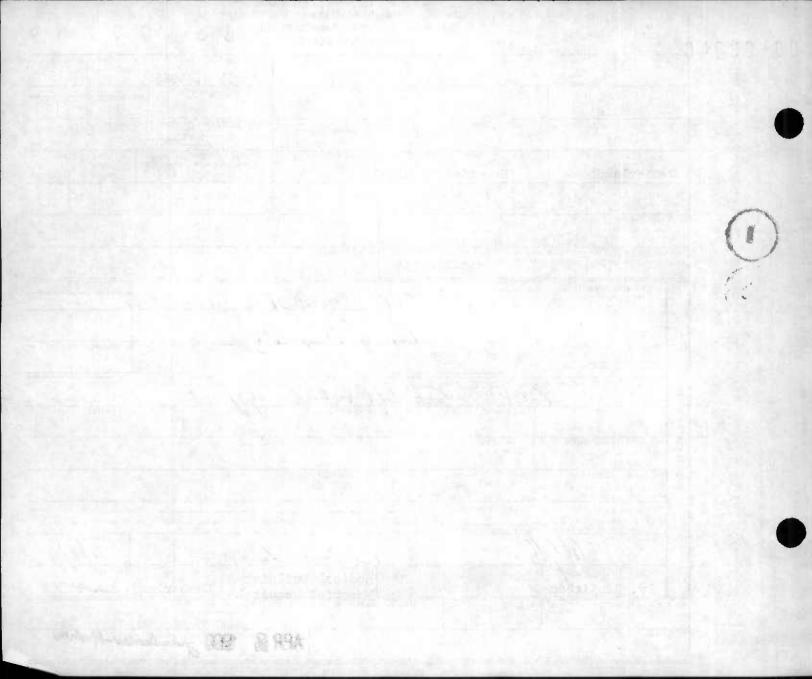
	1 -	FOR STATE REGISTRAR			DE	PARTMENT C	F HEALTH TIFICATE	AND MEN	TAL HYG	IENE 3 6	0	9	1	4 5
		CEASED NAME	FIRST		WIDDLE		LAST			20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
	(I I I I	OR PRINT)	RIC	HARD	9	н	AINES				04	. 06	86	1646 ^
	3. SEX	X		4 RACE		5. DA	TE OF BIRTH			6 AGE (IN YEARS LAST BIR		IF UNDER	TYEAR	IF UNDER 24 HRS
	M	ALE		WHI	TE			16	29	56	YRS.	MONTHS	DAYS	HOURS MIN.
1		RTHPLACE (STATE OR F	OREIGN	7b. CITIZEN C	F WHAT COU	NTRY? 8.	RIED N	EVED MAAD	DIED []	9 BALTIMORE CITY		Y OF DE	ATH	
2		WV	1	USA			WED X	DIVOR		ALLEGANY	COUNT	Y CI	JMBE	RLAND ME
0		TY OR TOWN OF DEA umberland	(TH	(IF NOT IN S	UCH FACILITY, GIV	NURSING HOA E STREET ADDRESS) MORIAL			TION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF FORK Lift	ON F WORKING	12b k	KIND OF USTRY	BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURS TATE WV	13P CON	OTHER INSTITUTE	13c. CITY O	E BEFORE ADMISSI	ON)	SIDE CITY L	LIMITS?	13e STREET ADDRESS P. O. E	ox 6'	7 9	199	199
01	TI. FA	THER'S NAME		MIDDLE	LA	ST	15. MO	THER'S MA	AIDEN NAM	AE MIDDLE		-	LAST	4
4		William		Brook	Hain			F	Edith	MODE	McI	Bride		
de:	Ita. V	VAS DECEASED EVER		MED FORCES		L SECURITY NO		ORMANI		ADDRI				
\supset		NO OR UNKNOWN)			234-4	2-9282	Ann	a Alc	dridge	e, Rt. 3, E	ox 32	28,Ri	.dge]	Ley, WV
7	CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAL	nediate g the last.	conditions.	CONTRIBUTION	ISEOUENCE O	BUT NOT RE			NAL DISEASE OR CON	20b. IF YE	ES, WERE	FINDING	GS USED OF DEATH?
	RTI						1			YES NO		ES 🗌		NO 🗌
1	MEDICAL CE	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURE	AUSE OF DEA	HOUR	OF INJURY A.M. MONTI P.M. E OF INJURY		9 9	CATION	YOCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR P	ART 2)	
	ME	WHILE NOT WH	ILE	(AT HOME	STREET, FACTORY, O	OFFICE FARM, ETC.		STREET		CITY OF TO	WN	COU	NIY	STATE
		27a I certify that (I) saw the decease (Date, (I) (we) (a 22b. SGNA) URE	(this hospi	2-0	-7	19.86	DEGREE		9 79) apinion d	to Aprileoth occurred on the do				
_		Jan	<u>J.</u>	Devo	noon	x m		PHYS	ICIAN E	DIRECTOR PHYSIC	IAN	14	-14	-86
1		Paul T.			M.D.			2 Set	ton D	rive, Cumbe	rland	d, Md	1. 21	1502
	23e B	URIAL, CREMATION, SPECIFY) Buri			9, 86	Fores				Greenspri	ng I	Hamps		e WV
	24. FU	SHAFFER F			ffer ADD	ROMNE			APR	T 8 1986				

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EVIN 9	
DESCRIPTION OF THE PROPERTY OF	

		REGISTRAR CEASED NAME OR PRINT	FIRST	MID	DDLE		LAST	REG. 2a. DATE OF DEATH		YEAR	26 HOUR
- 1	(1177	OR PRINT)	RUTH]	D		HARPER	April 4,	1986		0145
	3. SE)		4,	RACE		5. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY) IF UN	DER I YEAR	IF UNDER 24
		female		white	9		2-19- 1915		71 YRS	DAIS	NOOK3
		RTHPLACE (STATE OR FO	DREIGN 7b	CITIZEN OF W	HAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DED TO DIVORCED		OR COUNTY OF D	DEATH	7
I		TY OR TOWN OF DEAT	rH 11	. NAME OF HO		G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPA ITYPE OF WORK FOR MOS housewif	TION 12 TOF WORKING LIFE) IN	NDUSTRY	
t		L RESIDENCE HE NURSI	NG HOME OR OT	HER INSTITUTION, GI	IVE RESIDENCE BEFORE	ADMISSION)					home
I	130.5	MD	Alleg	gany	Cumber.	land	YES X NO	13e STREET ADDRES 724 Elm	Street/2	1502	
t	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NA	ME	3 02 30 07 2		
		FIRST	Jillian	n Humbei	rtson		FIRST	liza Grady		LAST	
+		AS DECEASED EVER	N U.S. ARME	D FORCES? 1	66 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADI	RESS		
	0	ES NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	218-60-2	154	Mrs. Yvonne	R. Kinser.	Cumberla	ind. M	1D-dau
		gove rise to imm cause (a), stating underlying couse	the	DUE TO, OR	as a conseque	NCE OF		attinue and a second			
		PART 2 OTHER SIGN	IFICANT CO	NOTIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CO	INDITION GIVEN IN	PART 110	
	LION		(010	, (2)	a les	et Vaticuli	dy Spurce	tion, P	renn	orea
7	TIFICATION	PART 2 OTHER SIGN	(010	, (2)	a les	NOT RELATED TO THE TERM Lt Varicular ON WAS PERFORMED	AINAL DISEASE OR CO	205 IF YES, WE IN CERTIFYING	PEN M	GS USED
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7		19a DATE OF OPERAT 21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR) WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE SOW the deceose- obove, (1) (we) (i)	ERLYING	19b. CONDHI 21b. TIME OF HOUR A.M. P.M. 21c PLACE OF (AT HOME STREE	ON FOR WHICH	OPERATION Y YEAR 19 ARM ETC)	211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	YES NO CITY OF IT DIRECTOR PHY:	TOWN CO	RE FINDING CAUSES (DR PART 2) COUNTY If from the c	GS USED OF DEATHS NO STAIL hot (I) (we couses state
7		19a DATE OF OPERAT 21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IN EXITHER. NOTIFY MEDIC. 21d INJURY OCCURRI WHILE AINOR 22a 1 certify that (1) (sow the decease. obove, (1) (we) (d) 22b. SIGNATURE	RELYING AUSE OF DEATH AL EXAMINER) ED this hospitol d olive on d) (did not)	19b. CONDHI 21b. TIME OF HOUR A.M. P.M. 21c PLACE OF (AT HOME STREE	ON FOR WHICH	OPERATION Y YEAR 19 ARM ETC)	211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 HOW INJURY OCCUR 217 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 210 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 210 LOCATION STREET 210 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET ST	YES NO RED (ENTER NATURE OF IP) Odeoth occurred on the DIRECTOR PHY:	TOWN CO	RE FINDING CAUSES (CAUSES (COUNTY 1 Hrom the c 222. DATE S	GS USED OF DEATHS NO STAIN hot (I) (we ouses state SIGNED)
7	WEDICAL WEDICAL	190 DATE OF OPERAT 210. ACCIDENT WAS UNDED OR CONTRIBUTING C. C. (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR) WHILE NOT WHILE AT WORK NOT WHILE AT WORK OF WHILE AT WORK OF WHILE 22d Certify that (I) (Sow the deceose- obove, (I) (we) (d) 22b. SIGNATURE 22d PHYSICIAN'S NA Dr. Ranji URIAL, CREMATION, F. SPECIEVI	AUSE OF DEATH ALEXAMINER) ED this hospitol d olive on d) (did not)	19b. CONDHI 21b. TIME OF HOUR A.M. P.M. 21c PLACE OF (AT HOME STREE	ON FOR WHICH INJURY MONTH DA FINJURY T, FACTORY, OFFICE FA deceosed from 19 136. N	Y YEAR 19 ARM ETC)	211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	YES NO CITY OR NO MEDICAL ST DIRECTOR PHY ding 234 LOCATION 234 LOCATION	TOWN COMMENTAL TOWN C	RE FINDING CAUSES (COUNTY 1 I from the county 222. DATE S	GS USED OF DEATH! NO STATE ST
	WEDICAL WEDICAL	190 DATE OF OPERAT 210. ACCIDENT WAS UNDED OR CONTRIBUTING C. C. (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR) WHILE NOTIFY MEDIC AT WORK NOT WHITE AT WORK NOT WHITE SOW the deceose obove, (1) (we) (d) 27b. SIGNATURE 22d PHYSICIAN'S NA Dr. Ranji	AUSE OF DEATH ALEXAMINER) ED this hospitol d olive on d) (did not)	19b. CONDHI 21b. TIME OF HOUR A.M. P.M. 21c PLACE OF (AT HOME STREE	ON FOR WHICH: INJURY . MONTH DA . FINJURY T, FACTORY, OFFICE FA deceosed from Iter death.	Y YEAR 19 ARM ETC)	211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 ADDRESS Medical Buil Memorial Hos	VES NO CITY OR CITY OR DIRECTOR PHY: ding 23d. LOCATION 23d. LOCATION 23d. LOCATION 23d. LOCATION	TOB IF YES, WE IN CERTIFYING YES TOWN CO TOWN	RE FINDING CAUSES (CAUSES (COUNTY 1 Hrom the c 222. DATE S	GS USED OF DEATH: NO STA hot (I) (we ouses state SIGNED)



requires that the death certificate be

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

00-0411

completely filled in by the funeral director, page 3 . 1 and 2 should be filed within 72 hours after death

FOR

STATE OF MARYLAND	STATE	OF MA	RYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6
1	REG. NO.

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REG	TE ISTRAR				CERTII	FICATE OF DEATH		REG. NO).	7 /	Bue 3	1
1. DECEASE		FIRST		MIDDLE		LAST	20 DATE C	OF DEATH	MONTH DAY	YEAR	2b. HOUR	
(TIPE OR PRIN	41)	MARY	LO	DUISE	HU	FFMAN	April	14. 1	1986		10:40	ΔM
3 SEX			4 RACE			OF BIRTH		YEARS LAST BIRT		DER 1 YEAR	IF UNDER 24 H	
	female		whi	te	MONI	11-06-1918 FEAR		67	YRS.	HS DAYS	HOURS M	AIN.
BIRTHPL	ACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y2 8				R COUNTY OF	DEATH		_
COUNTR	MD		USA		WIDOW	ED NEVER MARRIED	A	11egar	ıy			MD
CITY OR	TOWN OF D	EATH	11. NAME OF		SING HOME	OR OTHER INSTITUTION	12e USUAI	OCCUPATION			F BUSINESS	
1	1 1			H FACILITY, GIVE STR				er emp.		text.	ilo	
SUAL RES	rland SIDENCE (IF N	JRSING HOME OR	OTHER INSTITUTION	al Hosp GIVE RESIDENCE BEF	ORE ADMISSION)					text		
	1D		egany	Cumber C		13d. INSIDE CITY LIMITS?		ADDRESS /			01 0	21!
FATHER'		WII	egarry	L compet	Lanu	15 MOTHER'S MAIDEN N		-A LUU.	ise Dri	/e -	Gien C)al
	FIRST		MIDDLE	LAST		FIRST		WIDDLE		LAS1	T	
- 14/45 D			cKenzie	166 SOCIAL SE	CUBITY NO	17 INFORMANT	Irer	ne Lamb				_
(YES, NO	OR UNKNOWN)		E WAR OR DATES	220-10								
n	10			220 10	7320	Mr. Gary C.	Huffma	an, Cur	mberland	d, MD	- SOC	
PART	re rise to i se (01, sto erlying cou T 2 OTHER SI	ting the use last	ONDITIONS CO		O DEATH BUT	There Sclav T NOT RELATED TO THE TER			OITION GIVEN I			
170. 0	ATE OF OPER	TION	196 COND	ITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	YES 🗆	NO 🗍	IN CERTIFYING	CAUSES		d
P CP CP	EITHER NOTIFY MI	CAUSE OF DEA	P. 21e PLACE	M. MONTH M.	19	21¢ HOW INJURY OCCU	_			OR PART 21	STATE	E
AT WO	ORK AT	WHILE O										
		(1) (this hospi osed alive an		e deceosed from		and that in (my) (our) opinion	, to	ed on the de			that (I) (we)	
	obove, (I) (we	(did) did no	view thomas	ofter death.	MD,	DEGREE ATTENDING PHYSICIAN		67.15		22c DATE :		8
	r. Shr	NAME (TYPEO e stha	Dr Se	theta		22e ADDRESS Memo		lospita	al - ICI	J	Z)	
BURIAL	L, CREMATIO	N, REMOVAL	23b. DATE	23	c. NAME OF	CEMETERY OR CREMATORY	23d. LOC	ATION		UNTY	STATE	
(SPECIFY	Buri	al	$0/_{1}-17$	1986	ovic M	lomorial Compt				UNIY	STATE	

DHMH - 16 60M 7/84

(VRA 15, 4)

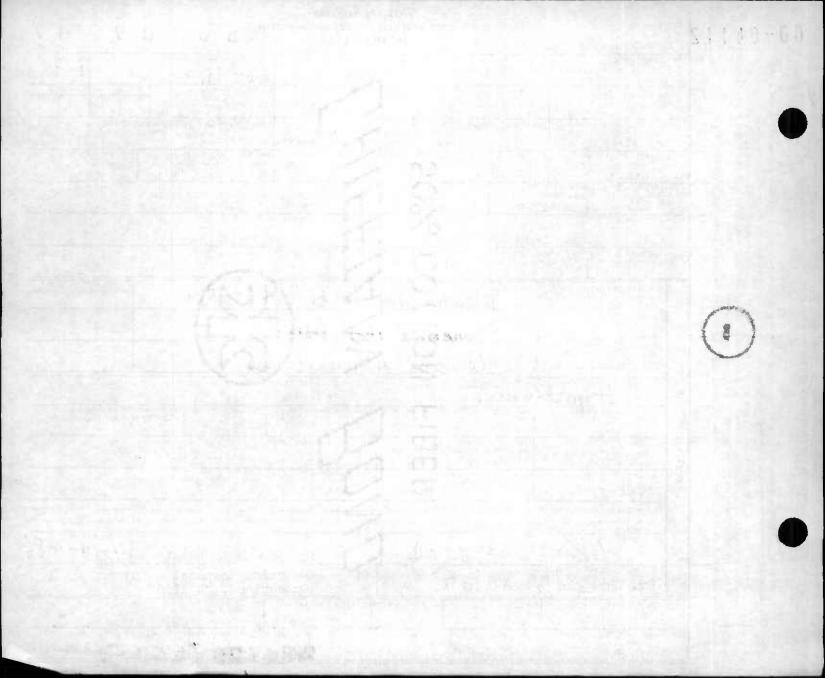
TO FUNERAL DIRECTOR shauld be detached for with the State Dept. of IMPORTANT: If Ite

> 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland,

MD 21502

THE LETY CLIMPET LAND ALLEGANY

THE DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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YULEGANY COURTY

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SU WATH STREET WESTERN PORT, NO. 23562

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eerthicate be executed within 24 hours ofter death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the resoned by the hospital or otherwing physician.

BP. DHMH - 16 60M (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed should be detailed for use as the build-tronit permit. Then plea with the State Dept of Medits and Mental Hygene prior to busine.

physicion and completely filled in by the funeral director, page 3 appears. Pages 1 and 2 should be filed within 72 hours after death maval.

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maval.

	PE OR PRINT) FIRST ELME	R MERL	JACKSON Is date of	AST SERIDTH	APRIL 15, 198		26 HOUR 7:30P
3. JL	Male	White	MONTH		60	MONTHS DAYS	HOURS MI
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna	76 CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COL		
10. C	Cumberland	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE SACRED HEAF	URSING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK EDILL DEP	ING LIFE) 126. KIND O	CO.
13a.		OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS / ZIP (CODE Hill, 21	532
	ATHER'S NAME FIRST William	H. Jacks	on	Blanche	MIDDLE	Shumaker	
	WAS DECEASED EVER IN U.S. AL		SECURITY NO. 16-6767	Lois E. Ja	ackson, Same	as 13e	
	PART I. DEATH WAS CAUS	only ane cause per line far (a), (ED BY:	and icid	ac arres	et	APPROXII SETWEEN C	MATE INTERVAL INSET AND DEA
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF	110 may	exograpas		-
NO	underlying cause last. PART 2 OTHER SIGNIFICANT	(c) Com	Justo	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 110	1
TIFICATION		(c) Com	6 TO DEATH BUT		20a AUTOPSY? 20b. 1	N GIVEN IN PART 1:0	GS USED
ICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINE	CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH	O DEATH BUT	N WAS PERFORMED	20a AUTÓPSY? 20b. 1	IF YES, WERE FINDIN ERTIFYING CAUSES YES []	GS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AL WORK	CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY O	H DAY YEAR 19 OFFICE FARM EIC)	N WAS PERFORMED	ZOB AUTOPSY? ZOB. IN C	IF YES, WERE FINDIN ERTIFYING CAUSES YES []	GS USED OF DEATH? NO
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	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK 220.1 certify that (I) (this hosp saw the deceased alive or other. It is well that (I)	CONDITIONS CONTRIBUTING 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY O	H DAY YEAR 19 OFFICE FARM EIC)	211 LOCATION SIREE d that in (my) (aur) apinian	ZOO AUTOPSY? YES NO ENTER NATURE OF INJURY IN ITE. CITY OR TOWN death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	TEYES, WERE FINDING CAUSES YES MIS PART 1 OR PART ?) COUNTY d hour and fram the	IGS USED OF DEATH? NO state that (1) (we) causes stated

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FOR

24 FUNERAL DIRECTOR

F. Scarpelli, Cumberland, MD 21502

DHMH - 16 60M, 7/84 (VRA 15, James - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Hillcrest Burial Park

REGISTRAR 256. REGISTRAR'S STORAGE

SOME DESCRIPTION OF SOME STATE OF STATE

DR. REMATO ESPRAN

THE SETTE OF THE CU SETLAND. NO SELECT

APRILA 1835 ... LILLEL PLAN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DATE KNOWN X MONTH I. DECEASED NAME LTYPE OR PRINTS RICHARD KEENE DEATH MATED 1986 Lie 2d. HOUR 4. RACE 6 AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. DATE PRONOUNCED 6:39_M DEAD 1953 1986 Male White 9. BALTIMORE CITY OR COUNTY OF DEATH 7 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Allegany County WIDOWED [New Hampshire 12n LISUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Truck Driver Memorial Hospital (DOA) Cumberland Tranportation HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 03825 13d INSIDE CITY LIMITS? 13e STREET ADDRESS A COUNTY New Hampshire Strafford Barrington YES 🗌 NO TY Young Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Lloyd Helen Chesbrough Keene 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 002-44-6025 Susan Keene 14 Maple Ave. Eliot. Maine Navv 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIA AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in ED AS A F 19a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 3 SHOULD BE O 21n EXTERNAL CAUSE WAS 216 TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 5 HOUR AND MONTH DAY YEAR UNDERLYING AOR Driver of tractor trailer that overturned. 5 P.M. 4-2-19 86 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE (AFTER DEATH, WITH THE STATE D BALTIMORE, MARYBAND, 21201 W. Virginia W.VA St.Rt. 42 near Schear road 22a I certify that I taak charge of the remains described above, held an Inspection death resulted fram Natural cause M.D. Assistant MEDICAL EXAMINER Dennis F. Smyth, M.D. 111 Penn St., Balto., MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 4-7-86 Burial Mount Pleasant Cemetery Eliot. York. Maine 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 Marzullo Funeral Service warridger frances (VR A15 ME (5)) Upperco .Md

STATE OF MARYLAND

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131.	STATE Hyncman, I	PA 15545 DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 REGNO. 0	9 / 5 2
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
(TYPE	FOR PRINT)	Harold	Kennell. Sr.	April 22, 1986	11:45Pm
3. SE		4 RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
	, Male	Caucasian	06/29/19 YEAR	66 YRS	THS DAYS HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN COUNTRY) PA	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	P BALTIMORE CITY OR COUNTY OF Allegany County	
70. c	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED DIVORCED NO HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
E	Cumberland	(IF NOT IN SUCH FACILITY, GIVE STREET Sacred Heart H		Manufacturing	tire product
	STATE IN COUR	OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Erset Weller		13e STREET ADDRESS / ZIP CODE P O Box 24, 155	64 99999
S CO	ATHER'S NAME FIRST Ward	K. Kennell	15 MOTHER'S MAIDEN N Stella		LAST
	WAS DECEASED EVER IN U.S. AR			ADDRESS	
5	YES NO OR UNKNOWN) (IF YES GIV	2772043	D3 Pearl O. Ker	nnell, P O Box 24, 1	Wellersburg, P
	PART I. DE ATH WAS CAUSE	olly one cause per line far (a), (b), ar D BY: TE CAUSE (a)	e shock xai	ellia"	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENTED TO, OR AS A CONSEQUENTED TO THE PROPERTY OF THE P	late Calf	The lune	
	underlying cause last. PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	JEEL CLIEN DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN	IN PART Ita
ATION			Manufacture Processor		
10	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES NOTE YES	VERE FINDINGS USED NG CAUSES OF DEATH?
AL CERTIFI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	tal) attended the deceased fram_	4-7-1- 19-81	6_10_4_22_19	86, that (1) (we) last
	saw the deceased alive an above, (1) (we) (did) (did no	11 view the body attendenth.	and that in (my) (our) apınıa	n death accurred on the date and have a	nd from the causes stated
	22b. SIGNATURE	No Galla	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4-27-86
1	224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	B pince, on B , 111 oct 111 B	
	John Mehann	a, M.D.	909-B Se	ton Drive, Cumberla	nd, MD 21502
73u. 1	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	736 LOCATION	DUNITY STATE
	Burial 1/	4/25/86 I	Restlawn Mem. Park	LaVale, Allegar	
24. F	UNERAS SPETYSBULKS	eyl / ADDRESS	25a D/	ATE REC'D. BY REGISTRARIZED REGISTRAN	ESSIGNATURE

STATE OF MARYLAND

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109-6 Seion raive, Cutherland, 11 21901

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John Makeura, 1918.

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ath certificite be executed within 24 hours after death. Page 4 may be	0	
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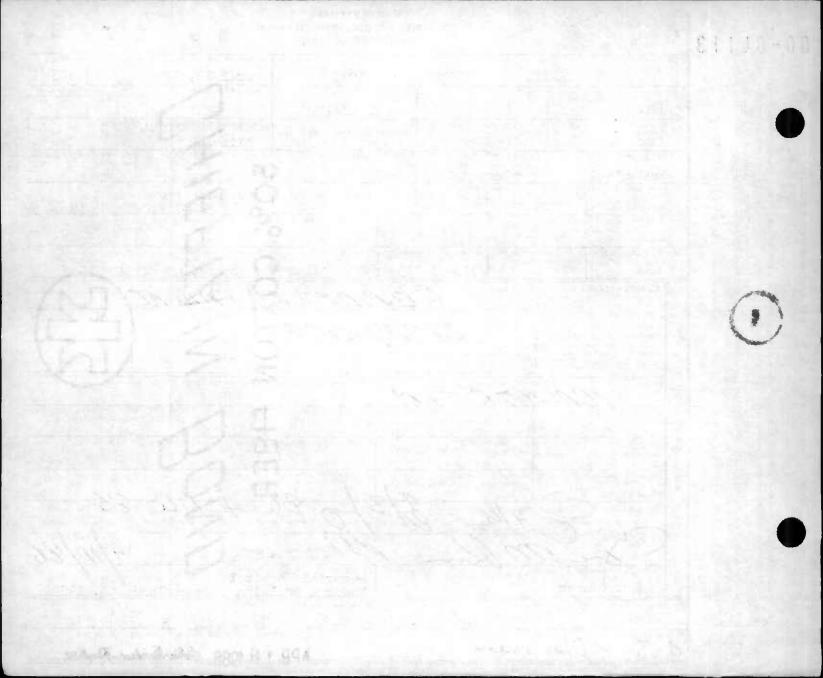
to Puneral Director , though to be detected for use with the State Dept of Heb IMPORTANT, if them 21 to m

DHMH - 16 60M 7/84 (VRA 15, 4) FOR STATE REGISTRAR

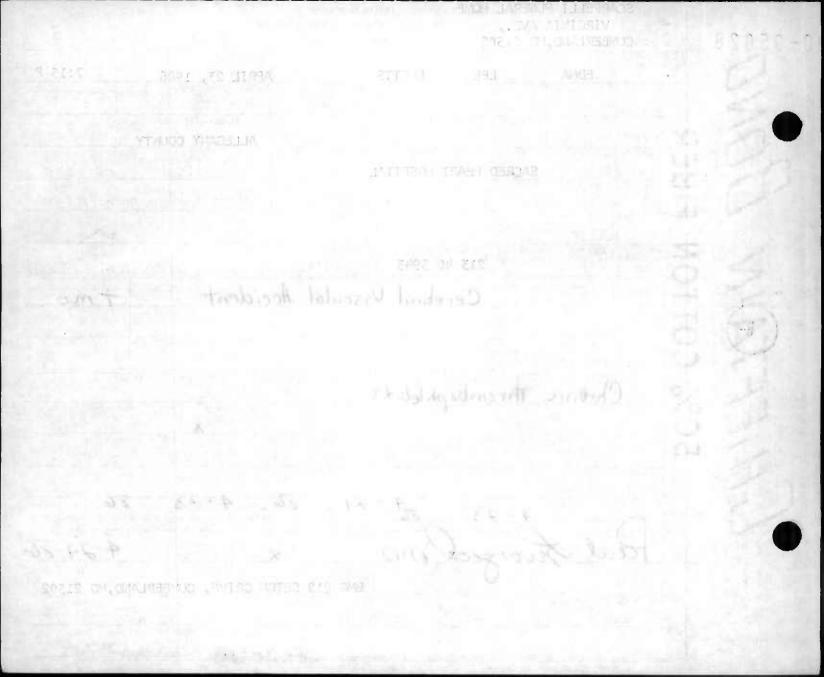
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	6	0	9
	REG. NO.		

T i		CEASED NAME FIRST		MIDDLE		LAST .	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
-	(TYPE	OR PRINT) DA	NIEL	ELWOOD)	KLOTZ	April 10,	1986		9:05 A
1	(SE)	×.	4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
	,	Male	Whit	e	MONT	9/13/1916	69	YRS.	NTHS DAYS	HOURS MIN.
1		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D X NEVER MARRIED	9 BALTIMORE CITY C		F DEATH	
2		Maryland		JSA	WIDOW	ED DIVORCED	1 4 4			MD.
1	0 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSII H FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O			F BUSINESS OR
4		umberland		norial Ho		1	Parts Mana	ger	Gara	ge
4	13a S	AL RESIDENCE (IF NURSING HOME STATE	UNTY	13c CITY OR TOV	VN	134 INSIDE CITY LIMITS?				
4		-	rrett	Frestbu	rg	YES NO X	Star Route	, Box	44	21532
1		ATHER'S NAME Daniel	WIDDIE	Klot		15 MOTHER'S MAIDEN NA	MIDDLE		LAS	
4		VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECT		17 INFORMANT	Star Route	SS Dov.	Beit	zel
4	11	YES (IF YES	N 2	215-05-			Frostburg,			532
ŀ		M. CAUSE OF DEATH (Enter	anly ane cause per		a co		12000000	110 82		MATE INTERVAL
1		PART I. DEATH WAS CAU	SED BY:	/<	ESI	PIRATOR	CY EAI	WRE		ANGE AND GENERAL
1		IMMED		DAS A CONSTOLL	TNEE OF					1
-1		Canditians, if any, which	DUE TO, O	R AS A CONSEQU	TA	VERMA			1.5	
-		gave rise to immediate cause (a), stating the	(6)							
-		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF								
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	CERTIFICATION	MA	21/11/1	CITIE	M					
2	CA	196 DATE OF OPERATION 196 COND		ITION FOR WHICH OPERATION WAS PERFORMED		20d AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	RTIF						YES NO	YES		NO 🗌
7	1000	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	T I OR PART 2)	
4	S	(IF EITHER NOTIFY MEDICAL EXAMI		M.	19					
MEDICAL	WED	21d INJURY OCCURRED	21e. PLACE (OF INJURY	table ETC :	211 LOCATION	CITY OF TO	IWN	COUNTY	STATE
- 1	-	AT WORK AT WORK			41	2/ 0	1 1	10	01	
-		27s I certify that (this ha	gight angegody	deceased from	216-	19 19	D 10 4	15	20.	that (I) (we) last
-1		72h SIGN ORE	not sinw the book	ofter deeth.	4.	nd that in (my (our) apinion	death accurred awithe d	ate and haur o	-	
-		SE SIGNAPORE	m	//		ATTENDING	, MEDICAL STA	FF	III. DAY	DIDI
Н		274 PHYSICIANS NAME TIVE OF HENT			. /	PHYSICIAN	DIRECTOR PHYSIC	IAN	7/10	120
		Dr. Diener			Memorial Hospital					
+	22- 2	SURIAL, CREMATION, REMOV	Jan Dari	Too	LIANT OF	Medical Bui		berland	I, Md.	21502
ľ	(30. B	SPECIFY) Burial				on Cemetery	CITY OR TOWN		COUNTY	STATE
1		JNERAL DIRECTOR	- lubrit	13, 00 M	C. 21		Frostburg	25b REGISTRA	rrett,	IRE
	1	Dun Dle	uma	Grants	sville		2 Q 4000 A			



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e 6.4		CEASED NAME FIRST		MIDDLE		ĀSĪ		2a. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
nay be page 3		EDNA		.EE	KNOTTS				1986	IF UNDER 1 YEAR	7:15 PM
4 me ofter	3. SE		4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BI		ONTHS DAYS	HOURS MIN.
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tuneral dates	(RTMPLACE (STATE OR FOREIGN COUNTRY) WV	76 CITIZEN OF USA		MARRIE		CED 🗌	9. BALTIMORE CITY OF ALLEGANY	COUNTY		MD.
at a the	10. CI	ty or town of death Cumberland	(IF NOT IN SU	CH FACILITY, GIVE S		DR OTHER INSTITUT	ION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ON MOST OF WORK FOR WORK FO	OF WORKING LIFE	INDUSTRY	of BUSINESS OR
24 hour filled in ould be in the	13a. S	STATE 136 COU	ROTHER INSTITUTION NTY Gany	13c CITY OR 1		13d. INSIDE CITY L YES X NO		13e STREET ADDRESS 12207 BC	/ ZIP CODE		
E, MARYLA completely 1 and 2 sh	14. F A	THER'S NAME FIRST Hubert Sm	MIDDLE	LAST		15 MOTHER'S MA					AST
MORE,		VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (IF YES GI	MED FORCES? VE WAR OR DATES)	166 SOCIAL S 213 40	3943	Mr. Will		ADDR		land.	MD 21502
pquires that in depth arefront be executed within 24 hours signed by the definition arefront completely filled in by her press in your confidence. Pages 1 and 2 should be filled in by the burish committee or employ, or ather traumatic exempt.	NO	Canditions, if any, which gave rise to immediate cause (al, stating the underlying cause last	(b)	OR AS A CONSE	EOUENCE OF	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	IDITION GIVE	N IN PART 1	la la
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	19h COND	TION FOR WE	IICH ÖPERATIO	N WAS PERFORME		20a AUTOPSY? YES NO	IN CERTIFY YES		INGS USED S OF DEATH? NO
DIVISION OF VITAL RECORDS ING PHYSICIAN. The law require attending physician the that certificial heat been sign on the burder-from permit. These this and Mental Hygiene grain to be divided or them. It shows any injury	MEDICAL CE	21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P) PLACE	.M. MONTH .M. OF INJURY	19	211 LOCATION	Y OCCURRE	ED (ENTER NATURE OF INJU			
DIVISA ING Ph Atte: The os the os the difficult	A.	WHILE NOT WHILE AT WORK		REET FACTORY OF		STREET	9	CITY OR TO)WN	COUNTY	STATE
CTOR. Of Her up		22a I certify that (1) (this hasp away be deceased alive or above II (we) (did) (did no	4-0	he deceased from	19 86, al) apinian de	eath accurred an the d	late and haur		
A the boddetechnon		Taul 3	wen	200	mo	PHYS	NDING SICIAN 🙀	MEDICAL STA	FF CIAN [4-1	24-86
TO HOSPITA retained by IT TO FUNERA should be det with the State MPORTANT		224 PHYSICIAN'S NAME (THE	or reint))		22e ADDRESS BMG 912	SETO	N DRIVE, C	UMBERL	AND.MC	21502
5 5 ± 2 3 ₹1	23a. E	BURIAL, CREMATION, REMOVAL				EMETERY OR CREM	MATORY	23d LOCATION		COUNTY	STATE
BP		Burial	04-2	6-1986	Sunset	Memorial		Cumberl		llegar	ny MD
DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRI	ESS		250 DATE	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNA	TURE
(VRA 15, 4)		James F. Scarpe	lli, Cu	mberlan	d, MD 2	1502	PR O	Q 4000 4u	Har David	and Ba	diez,



12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LABORER PPG 21502 13e.STREET ADDRESS / ZIP CODE 11814 MULBERRY MIDDLE SPRINGER CUMBER LAND. MD 21502 KRAUS.11814 MULBERRY 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO [(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

2a. DATE OF DEATH

APRIL 12

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

ALLEGANY COUNTY

1986

IF UNDER TYEAR

26 HOUR

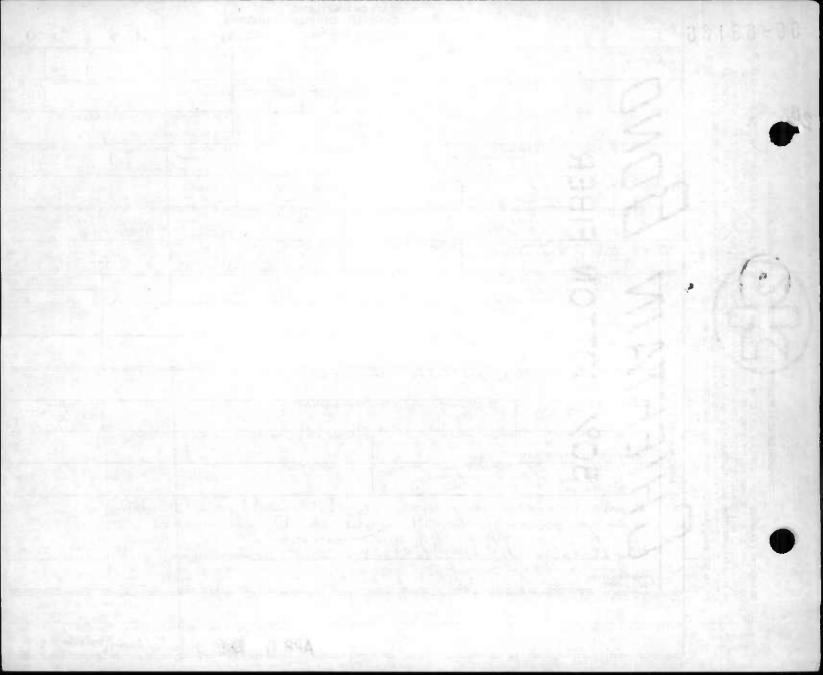
DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

STATE OF MARYLAND

IN THE SECOND STATE OF THE A SOUTH OF THE TRANSPORT OF THE PARTY OF THE

STATE TRANSPORT STATE TRAN	0.0			1.	FOR					DEPAR			MARYLAN H AND M		YGIEN	IF.						
DEFERRACE NAME PRIVE MARCH DATE RECOVERY	UU	-	03166						ME							5"h 2"	Dr.C	a.	9	1	5	6
James Robert Lancaster Death Mario XX 4 1 19 86 and service of the state of the sta				1. DE	CEASED NAM	E	FIRST									-		-	ONTH	DAY	YEAR	2b HOUR
SUSAL RESIDENCE IN INVARIANCE PROCESS IS CATE OF MONTH TISE COUNTY		Į.	4 a a o c	(TYP	PE OR PRINT)		Tamag	,	О.				[and a c+	rox		OF	EST1-		1	1		
SUSAL RESIDENCE IN INVARIANCE PROCESS IS CATE OF MONTH TISE COUNTY		2	SECTION SECTIO	3. SEX	(operi					24 HRS					J 19		2d. HOUF
SUSAL RESIDENCE IN INVARIANCE PROCESS IS CATE OF MONTH TISE COUNTY		5	NE PEC					MONTH	DAY		LAST BIRT	HDAY) MO				PRONOUN	NCED		4	7		10:2
SUSAL RESIDENCE IN INVARIANCE PROCESS IS CATE OF MONTH TISE COUNTY	00	0	N V V V V V V V V V V V V V V V V V V V				te					YRS,		LL								a M
SUSAL RESIDENCE IN INVARIANCE PROCESS IS CATE OF MONTH TISE COUNTY	10	200	SHE HE	FC FC	DREIGN COUNTRY)			70. СП		IIAI COC	MIKTS		_							OF DEA	in	
SUSAL RESIDENCE IN INVARIANCE PROCESS IS CATE OF MONTH TISE COUNTY		9	S S S S S S S S S S S S S S S S S S S	10.0			TU	IV NIA		COITAL N	HIRCINIC HO									I VIND	OF BUIL	ME
SUSAL RESIDENCE IN INVARIANCE PROCESS IS CATE OF MONTH TISE COUNTY		3					ın	(IF N	OT IN SUCH FA	ACILITY, GIVI	STREET ADDRES	5)	INEK INSTITU	IIION	FOR	MOST OF WOR	KING LIFE)			OR IN	DUSTR	A NIME 22
James Russell Lancaster S. Bernadine Rooney 17. INFORMANT ADDRESS 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT ADDRE		-	2 H 2 H 2				SERIC HOUSE								[App]	icatio	as Sy:	stem	s Mylin	. Ti	re C	Ò
James Russell Lancaster S. Bernadine Rooney 17. INFORMANT ADDRESS 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT ADDRE	- 1	201	Z BEER				136 COUN	ITY						ITY LIMITS?								
James Russell Lancaster S. Bernadine Rooney 17. INFORMANT ADDRESS 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT ADDRE		. 2	Z = 2 2 2 2				All	legar	ıy		Cresap	town					Flor	ida	Ave	nue/	2150	02
TO 218-64-8787 Mrs. Carol L. Lancaster, Cresaptown, Mrs. Carol L. Lancaster, Cresapto	1	¥ ;		14. F	FIRST						LAST		15. MOTH	ER'S MAIDE FIRST		N				LAST		
TO 218-64-8787 Mrs. Carol L. Lancaster, Cresaptown, Mrs. Carol L. Lancaster, Cresapto		SE SE	AND SECTION												S.	Berna			ney			
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RUPTURED AND LEVEL TO THE SIGNIFICANT CONDITIONS ON AS A CONSEQUENCE OF OUR 27 JULy 20 JULY 2		×	A SEE A	16e. \	WAS DECEASE 'ES, NO, OR UNKNO	D EVER							17. INFOR	MANT			ADDŖ	ESS				
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RUPTURED AND LEVEL TO THE SIGNIFICANT CONDITIONS ON AS A CONSEQUENCE OF OUR 27 JULy 20 JULY 2		₹	E SE		no					_[218	3-64 - 8	787	Mrs	. Car	ol L	. Lan	caste	er,	Cre	sapt	own	, MD
death resulted from Notural couses M. Accident J. Suicide J. Homicide J. Undetermined monner J. TITLE (SPECIFY) ACTUAL SIGNATURE ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smyth, M.D. ADDRESS 111 Penn St. Balto.MD. 238.BURLAL, CREMATION, REMOVAL 230. DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION COUNTY STATE		8	A S		18 CAUSE C	F DEAT	H (Enter on	ly one co	use per line	for (o), (b), ond (c).)									BETWEEN	XIMATE I	INTERVAL AND DEATH
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25M 24. FUNERAL DIRECTOR 25m. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					UNERAL DIREC	CTOR										REGISTRA		EGISTRA				
DHMH-17 (VR A15 ME (5)) James F. Scarpelli, Cumberland, MD 21502 APR Q 1998 Julie Builden Rondon 1		(James F	. Sc	carpel	lli,	Cumbe	erlar	nd, MD	2150	2	PR.Q	10	38 4	Ja D	wide		endell	6	3



MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 11-0495 CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME FIRST 7b HOUR TYPE OR PRINTS April 21, 1986 DANTEL AUGUST LANGER 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH MONTH White 1902 Male 16 Aug. 83 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Allegany WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Ret O/Operator Grocery USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

131. COUNTY

131. CITY OR TOWN

Allegany

Cumberland Allegany Cumberland 13. STREET ADDRESS / ZIP CODE 509 Dryer Ave. 13d. INSIDE CITY LIMITS? 21502 YESXX 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Martha MIDDLE (Everline) August Langer 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 214-05-8094 Margaret J. Langer Cumberland, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: cancer DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h IF YES. WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO Hygi 710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION 71d INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC) STREET 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an above, (I) (we) (did) (did not view the body after death ... and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 774 SIGNAPUR DEGREE 22r. DATE SIGNED ATTENDING MEDICAL.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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MAPORTANT

Burial 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

77 d. PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. H.C. Merrick

23b DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Cumberland, Md. 21502

pr24.1986 Zion Memorial Park Kumberland

Memorial Hospital

Medical Building

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIG

William G. Kight Cumberland, MD

PHYSICIAN DIRECTOR PHYSICIAN

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Burial pr24,1986 Zion Mamorial Park Cumberland Allegany ID Hilliam G. Kight Cumberland, 1D

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6 1	FOR - STATE REGISTRAR			DEPART	MENT OF HE				ENE 8 6	0	9 7	5	8
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9	BIRTHPLACE (STATE COUNTRY) Maryland		U.S	WHAT COUNTRY?	WIDOWED		ER MARRIEI DIVORCEI		Allegany	R COUNTY	OF DEATH		MD.
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·查5 130.	JAL RESIDENCE IIF STATE Md. FATHER'S NAME	13b COUNTY Alle	1	13c. CITY OR TOW	land	YES 🗌	E CITY LIMI		3. STREET ADDRESS /	zip code lecha	nic St	. 21	502
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any injury	C	OPD	conditions contributing to DEATH BUT NOT I					. TERMIN	AL DISEASE OR COINE	MION GIVE	EN IN PART ITO		
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11 .1 11 / /						REG. NO.	
00022		CEASED NAME FIRS	T	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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ma)	3 SEX	(4 RACE	5	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
2 of the Co	-	F	l W	Ar	ril 30. 1920	65 YRS.	MONTHS DATS MODES MIN.
16		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	AARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
5000		Md.	US	A w	IDOWED DIVORCED		DUNTY MD.
	10 CT	TY OR TOWN OF DEATH			OME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
13.1	Cu	mberland	SACRED	HEART HOSE	OTAL	Homemaker	Own Home
2	USUA	AL RESIDENCE (IF NURSING HO					
35	- F.J.G. S		rrett	Frieddsvill		Walnut St., 2	21531
E18	14. FA	THER'S NAME		T T C LL GO V T I	15. MOTHER'S MAIDEN N		
14/	-	Nathan	Ernest	Selby	Lizzie	Marie	Humberson
lo lo		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECURITY	NO. 17 INFORMANT	Fnallishtow	vn, N.J. 07726
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ows	IF.						ES NO
80	GE	210. ACCIDENT WAS UNDERLYIN		FINJURY M. MONTH DAY		URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
E	AL.	OR CONTRIBUTING CAUSE	OF DEATH	M. MORTH DAT	19		
5	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION		COUNTY STATE
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no m		22a L certify that (I) (this	hospital) attended th	ne deceased from	19	. to	. 19 that (li (we) last
l is	- 9	saw the deceased all Above, (II (we) (did) (d				on death occurred on the date and hou	
		Above, (II (we) (did) (d	of our view the body	after death.	DEGREE		75/ DARE SIGNED
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1	1	Vernell	lun	ulwely,		DIRECTOR PHYSICIAN	1/5/00
RTANT		22d PHYSICIAN'S NAME		0	22e. ADDRESS		1
with the Stote		KENNETH KEI	NKIEWICZ	, MD	925 BISHOP	WALSH ROAD, CUMBE	RLAND.M D21592
5 € 3 ₹	23a B	SURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. NAM	E OF CEMETERY OR CREMATOR		

4-11-86

NEWMAN FUNERAL HOME

FRIENDSVILLE, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Humberson Cemetery

Grantsville, Md.

Garrett

Friendsville

250 DATE REC'D. BY REGISTRAR 251 REGISTBAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

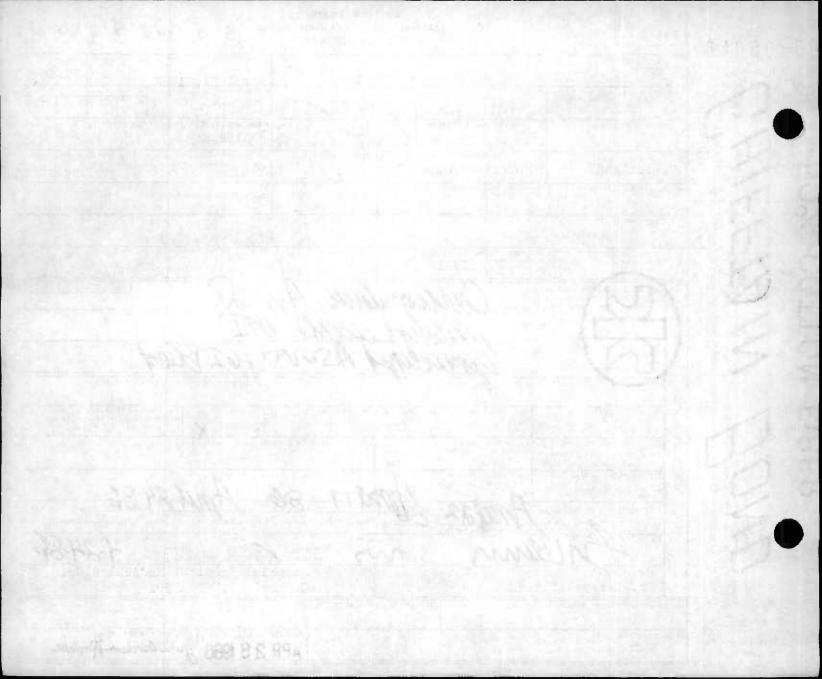
24 FUNERAL DIRECTOR

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925 BISHOP HALSH ROAD, CLAVERINE, M 021590

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150	C	ITY OR TOWN OF DEATH umberland	Memor	ial Hospi	tar	ROTHER INSTITUTION	ret. merch	ant gi	ND OF BUSINESS OR TOCETY STOT
ed writin 24 hours majeries in and 2 should be admin and 2 should be		AL RESIDENCE (* NUSSING STATE 136 MD ATHER S NAME Phili	Allegany ip Lewis	Cumber		134. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA	Minnie May	st Oldtown	Road/2150
and		WAS DECEASED EVER IN 1	U.S. ARMED FORCEST FYEL GIVE WAR DISCARED	217-10-		Mrs. Beulah	ADDR	55	MD - wife
quies that the death cert signed by the attending her please remove corbin to buriol, cremation, or re-	NO	Conditions, if any, will gave rise to immed cause to, stating underlying cause PART 2. OTHER SIGNIFI	iate the DUE TO, O	MUSA XIVIO FITRIBUTING TO	ling	ASC V	ML D GIV UNAL DISEASE OR CON	COSCI DITION GIVEN IN PAI	RT I/o
n ha beer had been ha	CERTIFICATION	14s, DATE OF OPERATION	N IN. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70s AUTOPSY?	106 IF YES, WERE FI IN CERTIFYING CAI YES [
AG PRESICIAN. The attending: physician the this certificate to the best of from the serial fryging sixed or liem. If the		274. ACCIDENT WAS UNDERLY OR CONTRIBUTING [] CAUS OF EITHER, NOTHY MEDICAL	ME OF DEATH HOUR A		AY YEAR	21r HOW INJURY OCCUR	RED (4NTR-NATURE DE PHIL	ELINATEM IN PLAT OR FAI	
A de	MEDICAL	THE INJURY OCCURRED	Call Hithart 101	OF INJURY REST PACTORS OFFICE I	1	711 LOCATION	Anone	Wh COUN	MATE
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by the base ERAL OREC enderlines of despite of the ANT I from		47	Colum	1	V		MEDICAL STA	IAN [2486
O HOSPITAL Minimal by the TO FUNERAL MAPORTANT		Dr. Terry	Williams	200		Cumb	rial Hospit erland, MD		Bldg.
BP	23e.	Burial CREMATION, REF	MOVAL 336 DATE 04-27	100000000000000000000000000000000000000		EMETERY OR CREMATORY Memorial Cem.	234 LOCATION CITYOR TOWN	and Allen	any MD
DHMH - 16 60M 7/84 (VRA 15, 4)	74.F	James F. Sc	earpelli, C	umberland	, MD		2 8 1986	Julia Davidson	-Rondon



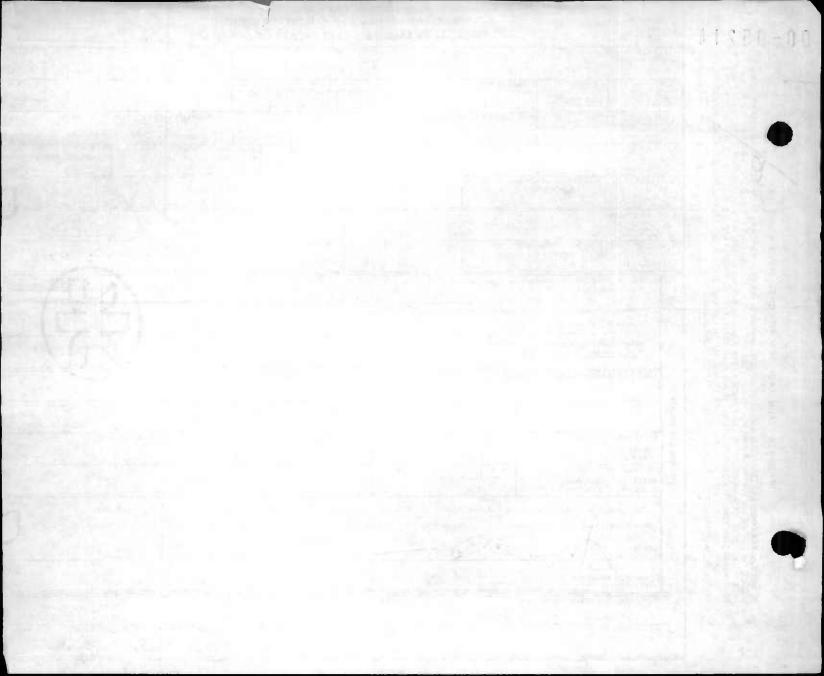
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DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALTIMORE, MARYLAND 21201	2911AL OR ATTENDING PHYSICIAN: The low requires that the death comparatives, executed within 24 hours att by the houpital or attending physician.	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARTLAND BEALTH AND MENTAL HYG BICATE OF DEATH	IENE 8 6	0	9 /	6 1
	CEASED NAME	FIRST	,	MIDDLE	l	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	25 HOUR
	,	DELILAH		BURLEY	LOG	SDON	April 5,			7:27 pm
3 SE	× emale	1	RACE Caucas:	ian	S. DATE C	DAY A YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7n B	RTHPLACE (STATE OR COUNTRY)	FOREIGN 7b	US.	what country? A	MARRIE WIDOWE	D NEVER MARRIED X	P BALTIMORE CITY O	R COUNTY O	FDEATH	MD.
Cı	ity or town of DE. imberland		Memori	al Hospit	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF LABORET		126. KIND O INDUSTRY LEXT	ile
134	PA	Bedf	ord.	GIVE RESIDENCE BEFORE Hyndman	ADMISSION)	134 INSIDE CITY LIMITS? YES NO 😿	Box 124,	RD 1/	15545	1999
hart)	ATHER'S NAME Benja	amin "	rankl	in Logs	sdon	15. MOTHER'S MAIDEN NA	Jane "Bur	ley	LAS.	1
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME		166 SOCIAL SECU 212-24-0		Timothy F. Lo	gsdon, R D			PA 1554
CERTIFICATION	Conditions, if any gave rise to im cause (a), statiunderlying cause PART 2 OTHER SIG	mediate ng the e last. NIFICANT COM	DUE TO, OI (b) DUE TO, OI (c)		DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	DITION GIVEN 20b. IF YES, W IN CERTIFYIN	VERE FINDIN	IGS USED
	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	YES NO KEN	YES [NO []
MEDICAL	216 INJURY OCCUR	RED	21e PLACE			211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a t certify that (I) saw the deceas abave, (I) (we) (22b. SIGNATURE					, 19	MEDICAL STAF	:F	,	
	Dr. H. C	AME (TYPE OR PR				220 ADDRESS Memori Cumber	ial Hospital		al Bui	ilding
	BURIAL, CREMATION,	, REMOVAL	14/8/8			emetery or crematory Cemetery	RD, Hynd		1,174	, PASTATE
24. F	Harvey H.	To 1g1	er, H	ndman, P	A 1	5545 250,DAT	E REC'D. BY REGISTRAR	258. REGISTRA		andelle.

(VR A15 ME (5))



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

ì	1. DECEASED NAME FIRST	MIDDLE	U	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
ı	(TYPE OR PRINT) GERALDIN	NE V	MAG	RUDER	APRIL 15,	1986	12:45P	М
Ì		RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BI		ER I YEAR IF UNDER 24 HRS	
1	Female	White	May	3 DAY 1917 YEAR	68	YRS	DATS HOURS MIN.	
1	Ta. BIRTHPLACE (STATE OR FOREIGN A 76	CITIZEN OF WHAT COUNTRY	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY	1114	ATH	
1	Maryland	USA	WIDOWE		Allegany	County	M	AD.
-	CUMBERLAND M	1. NAME OF HOSPITAL, NURS IEMORTALFAHOSPTT	ING HOME O	OR OTHER INSTITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST O Domestic		KIND OF BUSINESS OF House	R
	USUAL RESIDENCE (IF NURSING HOME OR O' 130. STATE 131 COUNT' West Virginia Mine	Y 13c. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO	134 STREET ADDRESS	ZIP CODE	26750	
	NATHER'S NAME	IDDLE LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LACT	Ti
1	Forrest	Poland		Essie	MIDDLE	Warni	ck (AS)	
Я	160 WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SEG	CURITY NO.	17 INFORMANT	ADDR			
4	no	235-56-	-3411	Mrs. Martha	Shingler V	Vesternpo:	rt, Md. 215	562
I	18 CAUSE OF DEATH (Enter only	ane cause per line to (a), (b),	and ic	1 1/	7 1 ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ı	PART I. DEATH WAS CAUSED IMMEDIATE	1/6/1/	re als	epp Vasarle	Acciden	t		
ı		DUE TO, OR AS A CONSEO	LIENCE OF /	1 11	/.			
ı	Canditians, if any, which	((b)	PNRD	al HTHY	usclesso.			
١	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF					
ı	underlying cause last.	(c)						_
ı	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART IIa	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Knal failu	2 1	ofette Delyo	halfen, Ho	Love, Cac	Min.	
7	3 190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CHOPERATION	N WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?	
	4				YES NO NO	YES 🗌	NO [30
٦	OR CONTRIBUTION CANCE OF BELT	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JEY IN ITEM IB PART I OR	PART 2)	
ı	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
ı	21d INJURY OCCURRED	216 PLACE OF INJURY	E FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN CO	DUNTY STATE	
ı	NOT WHILE							
ı	220.1 certify that (1) (this haspita			. 19	, ta	. 19	, that (I) (we) la	15†
	saw the deceased alive an abave, (l) (we) (did) (did nat)	view the bady after death.	, an	d that in (my) (aur) apinian o	death accurred on the d	late and have and f	ram the causes stated	
ı	22b. SIGNATURE]	DEGREE	CAMEDICAL STA	22	E DATE SIGNED	2
	(holy was		/	PHYSICIAN S	MEDICAL STA		4/11/0	6
	THE PHYSICIALES TAME (TYPE OR	PRINT)		MEMOREAL HOS		CAL BUILI	DING	
	DR. RANJITHAN			CUMBERLAND,	MARYLAND	21502		
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			EMETERY OR CREMATORY	23d LOCATION	COUN	ITY - STATE -	
		4/18/86 B	looming	gton Cemetery	Bloomingt		t Maryland	
-	24 FUNERAL DIRECTOR ROal's Funeral Ser	mice Westerm	ont Ma	250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
	Roars Lange	Me Book	ALC, MC	2, 21302 A	PR 2.1 1986	Guna Laura	son-Handelle	
9				*				

DHMH - 16 60M 7/84 (VRA 15, 4)

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		O		CEASED NAME	FIRST		MIDDLE		AST	2 a C	ATE OF DEA
	4 60	1		THOM	1AS		LIAM		IERS		
	4 5	/	1, 58			4 RACE		5. DATE C	DAY YE	6 AC	GE (IN YEARS L
2	P 25		Ma			White		Dec.	24,1924		61
	# 95 25	84		RTHPLACE ISTATE OR			WHAT COUNTRY	MARRIE	NEVER MARRIE	ED _	ALTIMORE C
	8/11	9	We	st Virgin	ia	U.S.A.	HOCDITAL NILIDS	WIDOWE	D DIVORCE		LLEGAL USUAL OCCI
201		34	Cu	mberland		SACRE	HEART	HOSPITA		(TYPE	E OF WORK FOR
BALTIMORE, MARYLAND 2120	24 To	弘	13a. S	AL RESIDENCE (IF NUR STATE ryland	13b COUN	OTHER INSTITUTION NTY	13c. CITY OR TO	WN	134 INSIDECITY LIA YES X NO [TREET ADDR
SYL.	£ 250	1		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL		
MAS	1 13	/1/		Engleber	rt J	ohn	Maier	'S	Mar	garet	Hai
ORE,	P 90	100/		VAS DECEASED EVER	R IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17. INFORMANT		A
TIMC	* 6.0	¥		Yes	W.W	I.II	2191466	25	Earline 1	Maiers-	Addres
201 W. PRESTON S	es that the death ce ned by the attending please remove carbo	, or other traumatics		Canditions, if any gave rise to im cause (a), stati underlying cause	mediate ng the e last.	DUE TO, O (b) DUE TO, O	R AS A CONSEO	DAR I	T CQ	of terral Name	COS
CORDS.	reen sign	oy injury	CERTIFICATION	9a DATE OF OPERA					NOT RELATED TO THE		a AUTOPSY?
T REC	A C Part	117	THIC	The DATE OF OVER		174 COND	THORY OR WITH	TO EKATO	T WAS TENT ONNED		S NO
DIVISION OF VITAL RECORDS, 201	g physics enthcate	9	- 1	210 ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	1111	FINJURY M. MONTH M.	DAY YEAR	21c HOW INJURY (-
IVISION	other this of the but	rked or	MEDICAL	21d INJURY OCCUR	HILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET		CITY
•	the happing or tached to see the	if them 21 is mo		220 I certify that (I sow the decea above, (I) (we) (sed alive an		19	86, an	d that in (my) (aur) o	DING , ME	Øicat
	BITA by Sede	Ž-		224 PHYSICIANDS N	AME (1995 O	s renall			22e ADDRESS	IAN CHOIRI	ECTOR P
	HOSP berned NUT C	180		DR. JOHN	MEHA	NNA			909-B SET	ON DRI	VE CUM
	등을 등록	34-		SURIAL, CREMATION	REMOVAL	23b. DATE	230	NAME OF C	METERY OR CREMA		d. LOCATION
	BP	_		urial		4-30-				Gardens	LaVa
	DHMH - 16 60.	M 7/84		JNERAL DIRECTOR	George	-Upchur	ch Funer	al Hom	e, P.A. 12	Sa. DATE REC'	

202 Greene Street-Cumberland, Maryland 21502

STATE OF MARYLAND

26. HOUR 86 ITY OR COUNTY OF DEATH NY COUNTY UPATION 126. KIND OF BUSINESS OR INDUSTRY MOST OF WORKING LIFE) essie Sysl & West.Md. R.R. Box 334E 21502 DDLE Jones nna ss same as #13 above. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONDITION GIVEN IN PART 11a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 FINIURY IN ITEM 18 PART 1 OR PART 21 that (I) (we) last the date and haur and from the causes stated 220 DATE SIGNED 4-28-86 STAFF HYSICIAN MBERLAND, MD. 21502

Gardens LaVale - Allegany Co.

MAY 5

DHMH - 16 60M 7/84 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME TITET 2n DATE OF DEATH (TYPE OR PRINT) MALES RACE 5. DATE OF BIRTH 06 99 09" 86 FEMALE WHITE To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Allegany MD. WIDOWENCE CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ALLEG CO NURS ING HOME CUMBERLAND MD Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE GIVE RESIDENCE BEFORE ADMISSIONS Allegany CITY OR TOWN Flintstone MD. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Sherman Messersmith Emma 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 213-46-7527 Mrs. Elie Teeter 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. Canditions, if any, which gove rise to immediate couse lat. stoting the underlying cause last (Lewent in 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY NXX 71n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM, ETC) STREET

Silcox-Merritt 404 Decatur St., Cumb., MD.

2b HOUR 04 01 86 01:45 AM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE HOME RFD 1 21530 Leasure Box 211 21530 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. and that in (my) (aur) apinion death-occurred an the date and hour and from the causes stated (we) (did) (did nat) view the body after death DEGREE 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 220 ADDRESSMemorial Hospital Med. Bldg. 22d. PHYSICIAN'S NAME FYPE OR PRINTI Cumberland, MD 21502 Dr. R. Barrera 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 4-3-86 Burial Fairview Christian Inglesmith Bedford Penna 24. FUNERAL DIRECTOR

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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	ALLEG CO	DI GEALMERICA		



	FOR		D			ARYLAND AND MENT	to the		0 0	1 6	6
00-05215	- STATE REGISTRAR		MED	ICAL EXAMINE	R'S C	ERTIFICAT	E OF DEATH	REG. 1	0 9	1	
	I. DECEASED NAM	NE FIRST		MIDDLE		LAST		ATE KNOWN		DAY YEA	R 2b. HOUR
DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. FOR FILES WITHIN 72 HOURS FOR 201 W. PRESTON STREET,	(TYPE OR PRINT)	KEIT	H ALLEN	MALLOW				OF ESTI-	Apr	ril 28	860922
LE SOUR	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR	s IF UN	DER TYR. IF UN		DATE	Ниом	DAY YE	AR 2d. HOUR
N ST	Ma Ta	C	12 17 6	2 23 YRS		S DAYS HOUR		NOUNCED DE AD	April	28 19 8	6 0922
STO A PRO STO A	Male Male	Cau STATE OR	76. CITIZEN OF WHA				0.0	ALTIMORE CITY			
SE S	FOREIGN COUNTRY)	RYLAND				ED NEVER M	ARRIED XX		_	· · · · · · · · · · · · · · · · · · ·	- 12
Z D v S	M CITY OR TOWN	man and a second	USA	ITAL, NURSING HOME,	WIDOW		ORCED LISUAL	Alle	gany	12b. KIND OF	MD.
A HE BEING		. OF BEATH		LITY, GIVE STREET ADDRESS)	OK OTTIL	EK II43111011014	FOR MOST	OF WORKING LIFE)		OR INDU	STRY
DELAY N. PAGH S.S. PAGH S.	Eumber]		Memoria	RESIDENCE BEFORE ADMISSION			O'SULI	IVAN CO	KP.		
AND AND AND RETA	130 STATE PA	NUCO SELP!	ITY	13g CITY OR TOWN CLEARVILLE		13d. INSIDE (ITY LIMI YES	TS2 130. STREET A	ADDRESS		999	99
3,2,2	14. FATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S M	AIDEN NAME	MIDDLE		LAST	
MORE, MC R DEATH. PAGES 1, PRM PM V AND		ITH	MAI	TOM LYSI		BARBAR	A	MIDDLE	BEA	BEALL	
O O S S S S S S S S S S S S S S S S S S	160. WAS DECEASE	DEVER IN U.S. AR		166. SOCIAL SECURITY I	NO.	17. INFORMANT	-	ADDRES		21530	
F., BALTIMORE, M URS AFTER DEATH B. GIVE PAGES 1, WITH PORM PM T. PYAGES 1 AND T. DIVISION OF VA	NO NO		WAR OR DATES!	220-92-4192		KEITH M	ALLOW RFI	#1 BOX#	208 F	LINTST	
. 02 . > . 02	18. CAUSE O	OF DEATH (Enter on	lly one couse per line fo					II - DOZZII	200 1	APPROXIA	AATE INTERVAL
12 O L 17 < m	PARTID	EATH WAS CAUSE	D RY.	ilptle head.	nac	ck and c	hest trau	ıma			NSET AND DEATH
STON STON STON STON STON STON STON STON	1819	9 IMMEDIAT		S A CONSEQUENCE OF		N alla C	nest trat	ina			Jul
ENCENCE AND THE SECOND	Conditio	ons, if ony, which				a sa da					
N TENE		ise to immediate) stating the under-		tomobile Ac		ent					
201 W. PRESTON ST UTED WITHIN 24 HOL IN PENCIL IN ITEM 11 EXAMINER ALONG I.AL RADIST PERMI ON, OR REMOVAL.		couse (o) stoting the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF									
EXECUTING: IN THE STATE OF THE	BARY O DYNCO	(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON S WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG. OR: PAGE 3 SHOULD BE USED AS BURIAL. TRANSIT PERA HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		IGNIFICANT CONDITIONS	CONTRIBUTING TO BEATH BU	I NOT RELATED TO THE TERMINA	AL OISEASE	OR CONDITION GIVEN	IN PART 1 (g)				
A S A S C REL	190. DATE O	FOPERATION	Tio comme								
SHOULD ORD "PE ORE NEED A E USED A URAL, O	S ING. DATE O	OPERATION	IN. CONDITIO	ON FOR WHICH OPERA	HON W	AS PERFORMED?				20. AUTOP	5Y?
THE REPORT OF THE PROPERTY OF										YES [NO K
P SAN		AL CAUSE WAS	POUR A.M.	MONTH DAY YEAR			URRED (ENTER NATUR				
CERTIFICA TING THE ED TO THE 3 SHOULD DEPARTM	CONTRIBUT	ING CAUSE OF D		4 28 1986			crossed o				Dy
V PREPARE	CONTRIBUTION WHILE		21e PLACE OF STREET, FACTOR	INJURY (AT HOME, RY, FARM, ETC.)	211 LOC	CATION TREET		actor-t		UNTY	STATE
THIS WAR	AT WORK	AT WORK X	Rt 40	3 miles Eas	t,	Flintst	one Maryl	and Alle			
ME T			ge of the remains descr	ibed above held an	Autops				ond in my op	•	
CAL EXAMINER THE CERTIFICATE SHOULD BE FOR	death result		rol couses ,	ccident X, Suici		Homicide [X Undetermin	, , , , , , , , , , , , , , , , , , ,)a y op	3111011	
S B B B WITH		7	1 6	Succession (L.Z.)	ide L.J.	TITLE (SPECIF		ed monner			
S S S S S S S S S S S S S S S S S S S	SIGNATURE	1/Von	VIV	my m	44	D. 4-28		EXAMINER	DATE	. 10	0.00
Z E E E E E	1 South	VP	-		M.		=OD_MEDICAL	EXAMINEK	SIGNE	D 4-2	8-80
MEDICAL ECUTE THE GE 4 SHOU FUNERAL TER DEATH,	EXAMINER'S	NAME Paul	Snow M. F			Dpty	140.00				
TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE 7 AFTER DEATH, WITH THE STATE BALLIMORE, MARYCAND, 21201	230. BURIAL, CREMA		SHOW, M. L	23c. NAME OF CEME		ADDRESS	Memor 23d. LOCAT	131 HOS). Cum	ibar an	d Md
	(SPECIFY) BUR		MAY 1, 1986				CITTORIO	MM	COUN		STATE
07/84 BP	24. FUNERAL DIRE		.m. 1, 1900	6 GLENDALE (CHIVIE.		ATE REC'D. BY REG	ISTRAR 1256. REC	LEGANT SISTRAR'S S	MARYI	AND
99999 (PAIS ME (5))	STI COX-	MERRITT F	TIMED AT CED	VICE CUMBER	T A NIT			Control of the		m-yande	10
(3)	DILLOOM	THURST I	OLICENTE DEL	VIOL CUMBER	TAMP	MAKILAI	S O C LIEN	VV A		The state of the s	

H OLD HI			REG. NO		
	WIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
		RKHAM	APRIL 26,		07:00A
EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
	WHITE	April 6, 1926	60	YRS.	
Michigan	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		R COUNTY OF DEATH	
U. S. A.	U.S.A.				MD
	(IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)			OF BUSINESS OR
Cumberland	SACRED HEART HOS	SPITAL	Corp. Exe	c. Rub	ber
aryland All		OWN YES NO	14804 Co	zip code	21502
1907	MIDDLE LAST	FIRST	MIDDLE	Vedob	AST
IYES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)		onkham Dou	Pernam	Prace
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		MINAL DISEASE OR CONT	DITION GIVEN IN PAPT	La
	CONTRIBUTION CONTRIBUTION OF DE	EATH DOT NOT RELATED TO THE TEX	THE PISCASE OF COME	SHOR GIVER IN FARE	
19s. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	700 AUTOPSY?	20b. IF YES, WERE FINE	NGS USED
			YES NO	YES 🗌	NO [
OR CONTRIBUTING _ CAUSE OF D	HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2	
71d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	RM ETC.)	CITY OR TO	WN COUNTY	STATE
saw the deceased alive a	n19	DEGREE		ate and have and from the	that (I) (we) last the causes stated
DR. WAYNE SP	IGGLE & GEORGE	PHYSICIAN 270 ADDRESS BREZ ABMG 912 SE	DIRECTOR PHYSIC	IAN X	MD 2150
	UAL RESIDENCE IN MUSENG HOME COSTATE TATE OF DEATH WAS DECEASED EVER IN U.S. A IYES, NO OR UNKNOWN) IS CAUSE OF DEATH HENEY OF PART I. DEATH WAS CAUSE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT IN DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (HE EITHER NOTHY MEDICAL EXAMIN) 21d INJURY OCCURRED WHILE NOT WHILE OF THE CONTRIBUTION OF COURSE OF DISTRIBUTION OF COURSE OF	The citizen of what country? U.S. A II. NAME OF HOSPITAL, NURSING INFORMATION OF DEATH III. NAME OF HOSPITAL, NURSING INFORMATION OF DEATH III. NAME OF HOSPITAL, NURSING INFORMATION OF DEATH SACRED HEART HOST SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET A SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET AND SACRED HEART HOST IN SUCH FACILITY, GIVE STREET FACTORY OFFICE	WHITE April 6, 1926	### APril 6. 1926 60 #### APril 6. 1926 60 ##### APril 6. 1926 60 ##### APril 6. 1926 60 ###### APril 6. 1926 60 ##################################	MARRIED NEVER MARRIED NEVE

DHMH - 16 60M 7/84

(VRA 15, 4)

4/30/86 Elmlawn RURTAL 24 FUNERAL DIRECTOR

Kenmore Erie N. Y.

750. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2 MAY 1 1986

Fine Therefore Products

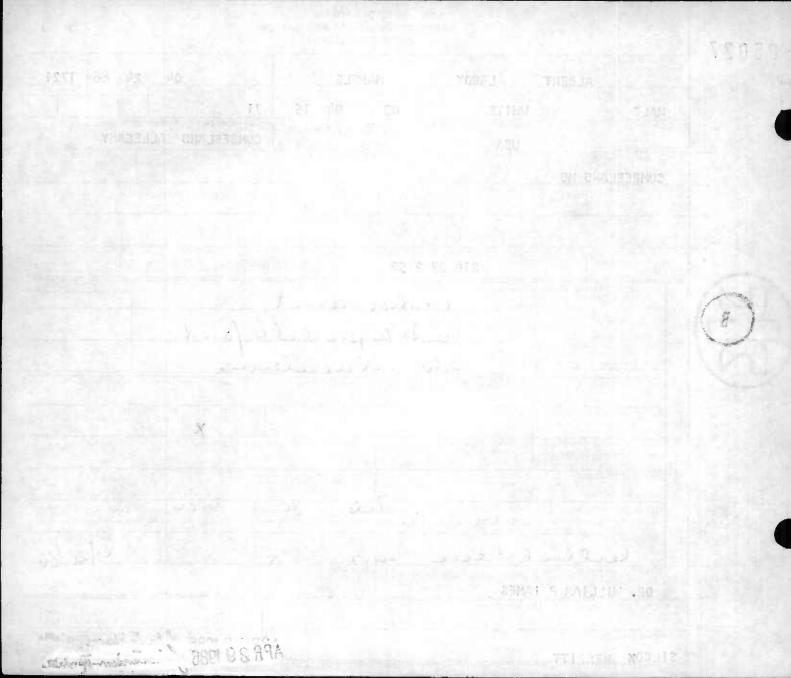
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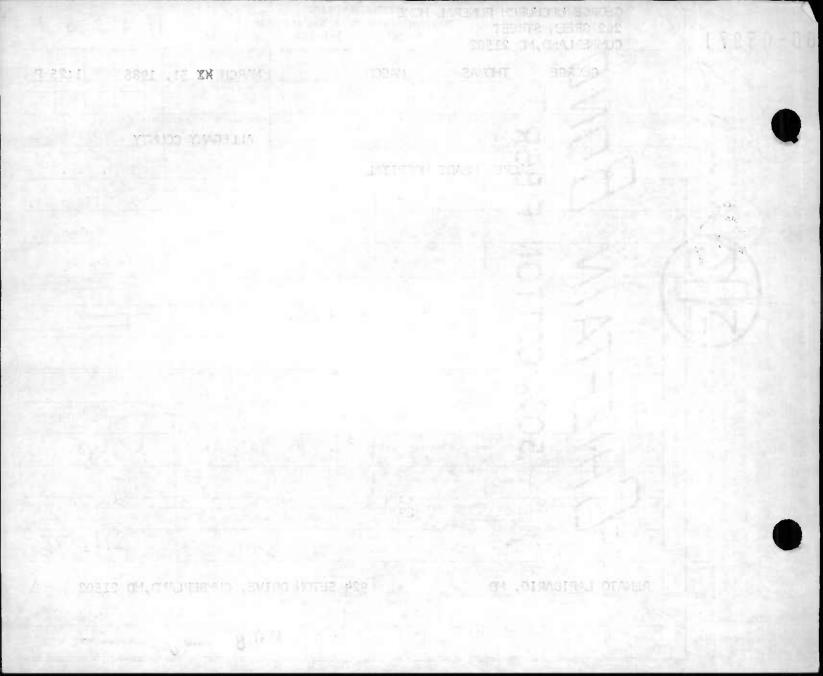
John j. Hafer, Jr. Lavale, Md. 21502MAY

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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AEDICAL EXA	AMINER'S	CERTIFICATE	OF DEATH

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REG, NO.	/			

251		FOR STATE			ALTH AND MENTAL H	TYGIENE	3 9 /	70
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AND THE STATE OF T	13a S	RESIDENCE (IF IN NURSING HOME OF TATE 136, COUNTY)	or other institution, give ity gany	RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Frostburg	13d INSIDE CITY LIMITS? YES A NO	Rt. 2 Frost	tburg, Md	. 21532
0/0	14. FA	THER'S NAME Arthur S	MIDDLE	sner	Bessie	Lee MIDDLE	Cosne	LAST
AFTER DAYE PAGES 1.		AS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO. 221 16 0221		d McKenzie Mar		
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MINER: TIFICATE BE FORV ECTOR: I TH THE S		22a. I certify that I took charged		ibed obove, held on Accident , Suicide		Undetermined manner	ond in my opinian],	
SHE SHOW		ACTUAL SIGNATURE	ulesco	Leyes	M.D. PEPEE	MEDICAL EXAMINER	DATE SIGNED	+/18/86
₹3#5£			Meisco	leyes	ADDRESS 900	Seton Dr. (Jumber	and Md.
BATO PACE	23a.Bl	PECIFY) Burial	4/21/86	Philos Cer		Westernport	, Allegar	ny Masiate

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH - 17

(VR A15 ME (5))

BP

24 FUNERAL DIRECTOR NAME

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md.

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death. Pag	Lá	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	what country	MARRIE		ALLEGA!	TY OR COUNTY OF D		MD.
urs ofter o	Cu	ITY OR TOWN OF DEATH IMBERLAND ALRESIDENCE (16 NURSING HOMFOR	(IF NOT IN SUC	HEACILITY, GIVE STRE	RT HOS	PITAL		OST OF WORKING LIFE) IN	IDUSTRY	ic Scho
LAND 21	130. 5	STATE 130 COUN	rset	Salis	oury	13d INSIDE CITY LIMITS? YES \(\bigcirc \) NO \(\bigcirc \)		ess/zip code St Salisb	ury.	Pa 1555
ORE, MARY executed with the complete and 2	ρI			ivengo		Mabel II INFORMANT	MIDI		Milîle St	er
Se exec		YES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	186-32-	4796	Mary Eliza			,Pa 1	15558
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the death the ottend remove con emotion, a cer froumat		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQ	JUNE UENCE OF	West a	Cardin	Despiratory		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a cattending physician. After this certificate has been signed by the ottending division and competity triand in by as the buriol-transit permit. Then please remove can formage in the permit in the please remove can formage. There is and 2 should in the and Mental Hygiene prior to buriol, cremation, alternate and 2 should in the arked or them 18 shows any injury, or other troumatic very the permit permits and a shows any injury, or other troumatic very the permits and a shows any injury.	z	underlying cause last. PART 2 OTHER SIGNIFICANT (ONDITIONS CO	ontributing to	DEATH BUT				PART 1:a	
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by the hr ERAL DIRI ERAL DIRI e detache State Dep		226. SIGNATURE Ledu 22d. PHYSICIAN'S NAME (TYPE O	Ash	iky	^	DEGREE ATTENDING PHYSICIAN (1220 ADDRESS MEMOR		STAFF HYSICIAN [F/2	6/12
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7998 <u>999</u>		SURIAL UNITED AL DIRECTOR	4/21	1/86 3	GRAN	INY CRUETERY	SALIST	VN COU	MERSE SIGNATUR	r- STATE A.
(VRA 15, 4)	1	afad & Ther	r	SALISBU		12028 MA	1021986	Sulia Davido	ar Big	delle

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P 40	Mar	y Margaret	Mele	April 23, 1986	Р. м
8 2	1 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
10	Female	White	May 10,1910	75 YRS.	ONTHS DAYS HOURS MIN.
20	TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	7 8	9 BALTIMORE CITY OR COUNTY	OF DEATH
17	W.Va.	USA	MARRIED NEVER MARRIED WIDOWED NORCED	Allegany	MD.
5	IN CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
20	Cumberland	(IF NOT IN SUCH FACILITY, GIVE STREE Memorial	Hospital	TYPE OF WORK FOR MOST OF WORKING LIFE	Own Home
2	I SUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		1 OWIT HOME
6	13o. STATE 13b				99999
200	W.Va. Nine	ral Keyser	YES X NO	20 D. St.	1111
12	FIRST	MIDDLE	FIRST	MIDDLE	LAST
4	Ilario 160 WAS DECEASED EVER IN U.S.	Fazzalore ARMED FORCES? 166 SOCIAL SEC	Wary Angela URITY NO. 17 INFORMANT	ADDRESS	Alvaro
1		GIVE WAR OR DATEST			
1	no non	e 235-30-	0439 Phil Mele	147 E. St. Keys	er, W.Va. 26726
ol, cremation, or r other traumat	Canditions, if any, which gave rise to immediate cause tot, stating the underlying cause last	DUE TO, OR AS A CONSEQU	•		
		Chilecoths		rminal disease or condition give	
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		h operation was performed	YES NO NO YES	
9	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM IB PA	RT : OR PART 2)
/	116 INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM ETC) SIREET		m/C
		aspital) attended the deceased from	9/1 108	(// tg // 1)	9 that (I) (we) last
	saw the deceased alive abave, (I) (we) (did)			an death occurred and the date and haur	
	226 SIGNATUR	VIIIN	DEGREE	MEDICAL STAFF	VAN TO
	19	, com		MEDICAL STAFF DIRECTOR PHYSICIAN	1/07/86
/	22d PHYSICIAN'S NAME			orial Hospital	1
1	Dr. Shresth	a	Cumb	perland, MD 21502	

23c. NAME OF CEMETERY OR CREMATORY

St. Thomas Cemetery

23d LOCATION CITY OF TOWN

Keyser Mineral W.V

REC'D. BY REGISTRAR 35b REGISTRAR'S SIGNATURE

1986

W.Va.

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23b. DATE

4-26-86

24 FUNERAL DIRECTOR
Mankwood-McKenzie Funeral Home, Keyser 8726 Va. APR

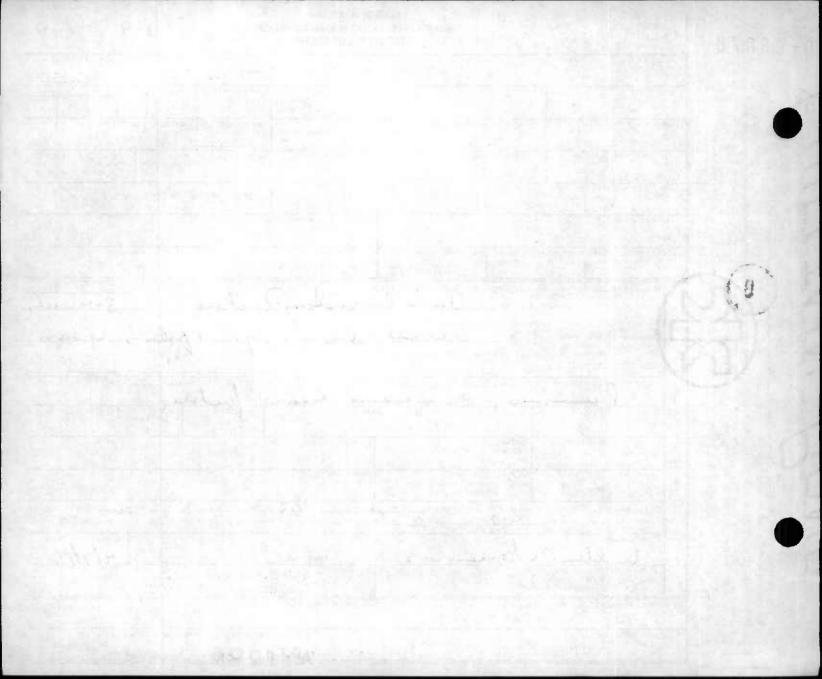
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ecuted within 24 hours after

BP_ DHMH -

1	FOR - STATE REGISTRAR		DEP		ICATE OF DEATH	BIENE 8 6	9 /	/ 3
	CEASED NAME E OR PRINT)	EARL	MIDDLE	ME:	rty	April 7, 1986	DAY YEAR	26 HOUR 1:35 P
3. SE	Male	- '	White	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
70 B	IRTHPLACE (STATE COUNTRY) Marylan	d	U.S.	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY Allegany	ITY OF DEATH	M
Cu	ity or town of umberland		1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Memorial Hos)	pital	dr other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Baker	LIFE) INDUSTRY	kery
	AL RESIDENCE (IF STATE Md.	13b. COUN' Alle		TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 432 Grand A	ve. 215	02
/ J	ather's NAME FIRST	L				zabeth	Ĥ	olly
	WAS DECEASED EV YES NO OR UNKNOWN NO		WAR OR DATES)	7-6172	Ms. Edna M	Metty - Same		MÄTE INTERVAL ONSET AND DEATH
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AEDICAL CER	21d INJURY OCC	CAUSE OF DEAT MEDICAL EXAMINER) URRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AI HOME, STREEL, FACTORY, OF	19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM I	(COUNTY	STATE
-	22a.l certify that	eosed alive on_	al) attended the deceased from	om_1-3	-	, to	00	that (II (we) la
	22b. SIGNATURE	elen P	Jane,	w	DEGREE ATTENDING PHYSICIAN		22c. DATE	SIGNED
4		lliam I	ames		Cumb	N. Centre Str. erland, MD 2150	2	
	BURIAL, CREMATIC (SPECIFY) Remo	val	23b. DATE 4-8-86	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
84 24 F	UNERAL DIRECTO	atomy	Board	Balt	250. DAT	E REC'D. BY REGISTRAR 255. REG		URE

STATE OF MARYLAND



STATE OF MARYLAND		ST	ATE	OF	MA	RYL	AND
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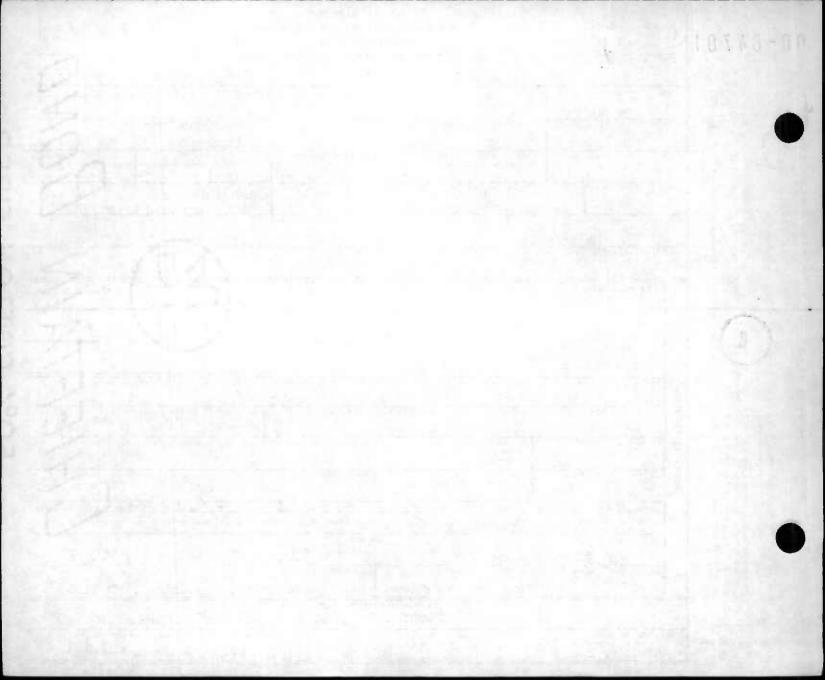
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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may po	3 SE	(4 RACE		5. DATE OF BIRTH		AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
ge 4 ector rs af		male	white		04-10-1897	FEAR	89	YRS	MONTHS DATS	HOURS MIN.
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the fu	10. C	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	NG HOME OR OTHER INSTITUTI	ION	120 USUAL OCCUPATE			F BUSINESS OR
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d in be	USU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GI	VE RESIDENCE BEFOR	E ADMISSION)	MITS?	13e STREET ADDRESS /	ZIP CODE	11	
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2 sh	14. F	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAII	IDEN NAM			LAS1	
and 2			Miller	th31	FIRST	Mar	v Ellen Ka	ne	[MJ	
		VAS DECEASED EVER IN U.S.	ARMED FORCES? 1	b SOCIAL SEC	JRITY NO. 17 INFORMANT		ADDRE	SS		
Pages	(YES, NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES)	214-07-	0858 Mrs. Hel	en R.	Miller, C	umber	land. M	D - wife
the the		18 CAUSE OF DEATH Enter	anty one cause per lu	tor-for the or	A A A A	7	0 0		APPROXI	MATE INTERVAL DINSET AND DEATH
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ic e		IMMEDI			51105 05					1
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De De		gove rise to immediate couse (a), stating the) (6)					-		
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Then to b	N O									
prior any i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	on for which	OPERATION WAS PERFORMED	D	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
has has	Ę						YES NO		S [NO [
Hygin 18 sh	8	210. ACCIDENT WAS UNDERLYING			21¢ HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 P	ART OR PART 2)	
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buriat- buriat- I Mento ar Item	MEDICAL	214 INJURY OCCURRED	21e PLACE OF		211 LOCATION					
the the and	×	WMILE NOT WHILE AT WORK	(AT HOME, STREE	T, FACTORY, OFFICE,	FARM, ETC.) STREET		CITY OR TO	WN	COUNTY	STATE
After the as the olth and		22a.1 certify that (I) (this has	nital) attended the	deceased from	Hu 9 10	83	10 4/2	0	1086	that (1) (we) last
E H C R		sow the deceased plive	on 4/3/	192	and that in (my) (our)	opinion de	eath accurred on the do	ate and hou		
RECTC hed for ept. af tem 21		above, (1) (we) (did) (did)	not view the body of	ter death.	DEGREE	-			22c DATE	
0 % 0 =	1	11/1/	/ /	100	ATTEN	DING _	MEDICAL STAF		11/21	101
State de la Control Co		224 PHYSICIAN'S NAME AND	200	()	PHYSI 22e. ADDRESS	ICIAN L	DIRECTOR PHYSIC	IAN [PRI	86
FUNERAL JID BE GET ANTER STATE		11 11 19 11 11 11 11	1000					4	1 10 0	1.500
etained by TO FUNERAL should be de with the State		//	98-11	P15968			rive, Cumb	eriano	1, MD 2.	1502
	23o. l	BURIAL, CREMATION, REMOV, SPECIFY) Burial	236. DATE 04-23-		NAME OF CEMETERY OF CREM. Unset Memorial		Cumberla	nd A	llegany	MD ^{STATE}
BP	24 5		04-25-	1,00					0 ,	
DHMH - 16 60M 7/B4	25 F	JNERAL DIRECTOR		ADDRESS		230. DATE	REC'D. BY REGISTRAR	-		JKE

DHMH - 16 60M 7/B4 (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502



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, m.	£	1		CASED NAME FIRST ROS		IDDLE TOTAL		AST D			26. HOUR
noy be	deo		3. SE)		LE Z.	ETTA	5. DATE C	GOLD	April 12	1986 IF UNDER 1 YEAR	1:00 a
tor. p	otte						MONTH	DAY YEAR	1	MONTHS DAYS	HOURS MIN.
Poge	hours	1	a Bli	Female	White	VHAT COUNTRY?	8	2-02-1908	78 YRS.	OF DEATH	
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24 hour	and be must be	5	USU A 130. S		or other institution, country 11egany	136 CITY OR TOV	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2 Grand Avenu		2
ted within	and 2 sh		4. FA	THER'S NAME FIRST James E.	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST	
xecut nd co	Poges				RMED FORCES?	213-24	JRITY NO.	17 INFORMANT	ADDRESS		
be e	rs. Po		_	no i				Billy Mongol	d, Robin Mongold		
ficate	pope novol.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per f SED BY: ATE CAUSE (a)	SO NAMA	Au	rent		BETWEEN OF	NATE INTERVAL NSET AND DEATH
requires that the death certificate be executed within 24 hours after death. Page 4 may signed by the attending physician and campletely filled in by the funeral director, page	olease remave carb rial, cremation, or r or other troumatic			Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b) OR	AS A CONSEOU AS A CONSEOU AS A CONSEOU	ancly ENCE OF	1			
equire sign	Then to bu		NO	Conoran C	Patem D	IseAse.	- A	of we obesit	AINAL DISEASE OR CONDITION GIV		
low so be	t permit.		CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH		N WAS PERFORMED	200 AUTOPSY? 20b. IFYES	, WERE FINDING YING CAUSES O	GS USED OF DEATH?
ICIAN: T g physici ertificate	rial-trans entol Hyg tem 18 sh	9	-	210. ACCIDENT WAS ENDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M	1. MONTH D	AY YEAR	SIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART OR PART 2)	
offendin	s the bu h and Me irked or I		MEDICAL	21d INJURY OCCURRED WHILE OT WAS AT WORK	21e PLACE O	FINJURY AFFICE.	FARM ETC)	214 LOCATION NO	CITY OR TOWN	COUNTY	STATE
Spitol or	for use of Healt			22a certify that (1) (this has saw the deceased alive above (1) (we) (did (did	pital) attended the	deceased from 19_	4111	nd that in (my) (aur) apinion	death accurred an the date and hou		hat (11 (we) last auses stated
AL OR A	detached ote Dept. IT: If Item			Doward	sum			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	486
O HOSPITAL OR ATTENDING PHYSICIAN: The etomed by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate his	should be det with the State IMPORTANT:			Dr. Howard	_			600 Memorial	rial Hospital (4	West)	21502
BP	s > <u><</u>		(urial, cremation, remov, specify) Burial	236. DATE 04-14-			emetery or crematory emorial Cemet			
DHMH - 16 (VRA	60M 7/B4			meral director ames F. Scarpe	lli, Cumb	erland,	MD 21		TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATU	

west and the contract of the c 1)- 10 - 11/11- July Harry APROPRIES SENTENSIA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BATTMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN. The tips requires that the disort certificate be executed within 24 hours after death. Page 4 may be required by the these features.
TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and comparely filled in by the funeral director, page 3 should be directed for use as the bursol framit permit. Then please remove carbon pages 1 and 2 should be filled within 72 hours often death with the State Dept. of Health and Aveilat Hydiene prior to bursol, cremoval. ANDORFART If them 2 is marked as the said depend on their framement or mending the medical element myst be payind at odd.

00-0298

1 - STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	09/76
I DECEASED NAME FIRST	ma H Me	oore	4/05/86	DAY YEAR 26. HOUR 7:15 A
3. SEX female	4 RACE White	5. DATE OF BIRTH 10717/10 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 75	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
M. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTR	MARRIED MEVER MARRIED ! WIDOWED DIVORCED [ATTegany Co	NTY OF DEATH
Frostburg	(IF NOT IN SUCH FACILITY, GIVE STR	ommunity Hospital	12a USUAL OCCUPATION (HOMEMAKER)	
	OR OTHER INSTITUTION GIVE RESIDENCE BEI	Thian 13d INSIDE CITY LIMITS	Midiethian,	Formerly of Md. 21543
Truman	Milt	Luvena	A MEDIA	Bittinger
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE	4 4363Alvie E. M	Moore, Box 604,	Midlothian, Mc
Conditions, if any, which gave rise to immediate cause its stating the voderlying couse last PART 2-DTHER GIONIFICAN 19s. DATE OF OPERATION 21s. ACCORNI WAS UNDERLYING	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONTRIBUTION OF AS	O DEATH BUT NOT RELATED TO THE TE		GIVEN IN PART TILL YES, WERE FINDINGS USED THEYING CAUSES OF DEATH?
		and the second second		
other state in the second of the state in the	NOTE OF THE PROPERTY OF THE PR	DAY YEAR	VES NO.	YES NO
The acceptate was understand on contributing of Cause of the Estadout of the E	DEATH MOUR A.M. MONTH P.M. 21e PLACE OF INJURY 1AT HOME STREET EACTORY OFFE	DAY YEAR 10 211 LOCATION 10 10 10 10 10 10 10 10 10 10 10 10 10	CIPS OF TOWN	YES NO DISPOSED STATE (OUNTY STATE 19 Short (I) (we) lo
OR CONTRIBUTING DAISE OF IN ENTER SHOULD BE	DEATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE ST. Now the body offer death. 19 19 19 19 19 19 19 19 19 1	DAY YEAR 10 20 LOCATION 218 LOC	CONTROL (NATIONAL OF HALLISE OF H	VES NO DIE PART 2) COUNTY STATE 19 Se that (I) (we) It have and from the causes stated 272 DATE SKSNED April 7-

cmemnker (Ny) Home Menyler Harry rostour x det differen 311 TSEL T BHAVU Party E. Moore, Box but, Marchism, Md. Burist Heleford Restleys The Last to Vale, (21 James -) icensin summer Londe, Londer michel

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

2h HOUR

IF UNDER 24 HRS

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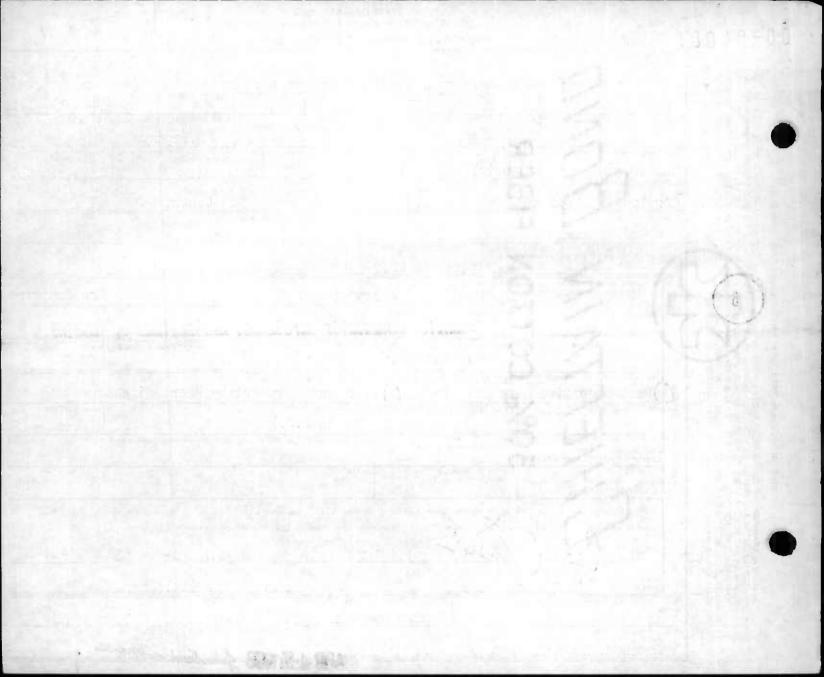
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STATE OF MARYLAND FOR STATE REGISTRAR

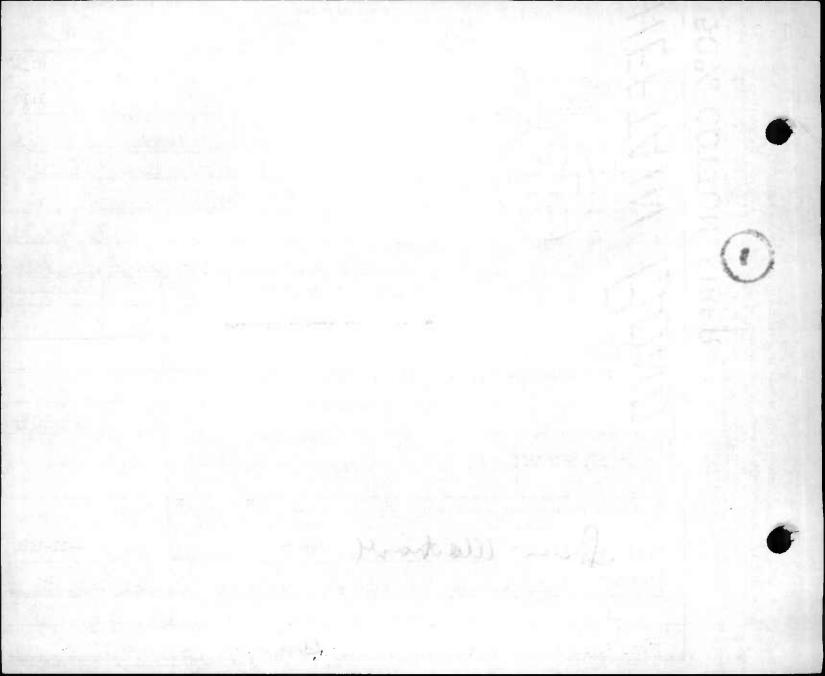
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	REG. NO.	0	9	1	7	
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- 1		EASED NAME	FIRST	,	MIDDLE	l	LAST		20. DATE OF DEAT	H MONTH	DAY	YEAR	2h HOUR
١	(TYPE	OR PRINT)	Sara	h Gra	ace	Mu	irphy			4	05	86	9:40a M
1	3. SEX	(4 RACE		5. DATE C			6. AGE (IN YEARS LAS	ST BIRTHDAY)		ER I YEAR	IF UNDER 24 HRS
1		female		white	e	2	07	10	76	YRS	MONTHS	DAYS	HOURS MIN.
4	o BIF	RTHPLACE ISTATE OR	FOREIGN		WHAT COUNTRY?	8 AA A D D IE	D X NEVER	MAPPIED [9. BALTIMORE CIT	Y OR COUN	ITY OF D	EATH	
		Maryland	i	US		WIDOWE	ED DI	VORCED [Allegan				MD.
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S		rostburg M			urg Commu			al	HOUSEW:	IFE	C	NW :	HOME
1	Till S		136 COUN	JTY	13c. CITY OR TOW	N	13d INSIDE C	ITY LIMITS?	13e STREET ADDRE				
Ц	_	MD	Alle	gnay	Frsotbu	rg	YES X	NO 🗌	154 E C	ollege	AVe	٠,	21532
١l	I4 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S	S MAIDEN NAM	ME	LE		LAS	T
4		MENRY			STEELE			AISY					SSETER
1		(AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMA	NT .	FROSTBU	PGESS M	0 21	532	
1		NO	N. A	1.	218 3	0 019	9 JOHI	MUR P	HY, 154 I	3. CO:		E A	VE.
1		18 CAUSE OF DEAT	TH (Enter on	ly ane cause per	line for tal, (b), and	dje)	101				APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
1		PARTI. DEATH V		E CAUSE (a)	Datet	e	lonea	/acc	doces	100			
1				DUE TO, OI	R AS A CONSEQUE	NCE OF	0 ~		0.0.				
1		Canditions, if any		(b)			gary	nene	Kr kla				
1		cause (a), stati	ng the	DUE TO, OI	R AS A CONSEQUE	NCE OF		0	,)				
		underlying caus	e last.	(c)		474	enos	cene	SER				
	z	PART 2 OTHER SIG	INFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN	PART lic	
4	017	9a DATE OF OPERA	TION	TION CONDI	TION FOR WHICH	OPERATIO	NI MAS DEDEC	PALED	20a AUTOPSY?	205 15	VES \A/EE	EEINIDIA	IGS USED
	CERTIFICATION	176 DATE OF OPERS	411014	176 CONDI	IIIOI410k WHICH	OFERATIO	// WAS PERFC	KMED	YES TO NOT	IN CER	TIFYING YES	CAUSES	OF DEATH?
Н	1587	21a ACCIDENT WAS UN	DERLYING	216. TIME O	FINJURY		21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF			RPART 2)	NO []
1		OR CONTRIBUTING		1111	M. MONTH DA								
1	MEDICAL	(IF EITHER NOTIFY MED		21e PLACE (19	211 LOCATIO	ON					
1	×	W 10M	HILE	(AT HOME STR	EET, FACTORY, OFFICE F	ARM ETC)	STREET		CITY	ORTOWN	C	YIMUO	STATE
1		22a I certify that (I		tal) attended the	e deceased from		3/20	10 860	to	4/01	10	P/a	that (I) (we) last
1		saw the deceas	sed alive an	41	05 19	860.01	nd that in (my)	(aur) apinian o	death accurred an th	ne date and h	naur and		
1		22b. SIGNATURE	did (did na	t) yow the bady	atter death		DEGREE				12	2c. DATE:	SIGNED
J				Cleepe	evol C	00 000	· Mest	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF			
Н		22d. PHYSICIAN'S N	AME (TYPE O	R PRINT;		In	22e ADDRES		DIRECTOR PH	TSICIAN			
		Dr. A F	Roque				Broad	lway, F	rostburg,	Md			
	230 B	URIAL, CREMATION		23b. DATE	23c. N	NAME OF C	EMETERY OR		23d LOCATION			-	
	1	BURLAL		4/8/8	6 FF	OSTE	BURG N	EM PA	RK FROS		AT	T.E.G.	STATE MD
	24. FL	NEWAYOUT CON	"Yh	1060	W. MAT	IN ST	r .		E REC'D. BY REGISTI	RAR 25b. REG			
		Sowers	Faner	a 1 Home	FROS	TBUR	G		AL () 4000	100			



	130	FOR			DEDART	MENT OF H		ARYLAN		VOIEN						
04101] - :	STATE REGISTRAR		M		EXAMINI				1 0	,	REG.	2 9	1	8	U
	1. DEC	CEASED NAME	FIRST		WIDDLE			LAST			20. DATE I	KNOWN ESTI-	MONTH	DAY	YEAR	26. HOUR 1:10
AND ASSESSION STREET, DOUGS STREET, DOUGS, 201 W. PRESTON STREET,	3. SEX	14	RACE	ORGE 5. DATE OF BIRT		LIAM		VIXON DER 1 YR.	IF UNDER	24 HPS	DEATH 2c. DATE	MATED	□ 04-]	Ll-	19 86 YEAR	2d. HOUR
N ST		ale	white	10-19	YEAR	73 YR) MONTH	S DAYS	HOURS	MIN.	PRONOUN DE AD	ICED	04-]	11-	1986	1:10
35	7a BI FO	RTHPLACE (STA REIGN COUNTRY) MD	TE OR	76 CITIZEN OF V		ITRY?	MARRIE WIDOW	ED NEV	VER MARRI			ore city .legai	OR COUN			MD
50		TY OR TOWN O		11. NAME OF HO (IF NOT IN SUCH MEMOI		RSING HOME, TREET ADDRESS) OSDITAL	OR OTHE	R INSTITU	TION	12a. USI FOR	JALOCCUP MOST OF WORK SUlat	ATION (1	TYPE OF WORK	OR	or Bu INDUSTI exti	ISINESS
5	USUA 13a. S		136. COUNT	R OTHER INSTITUTION,	GIVE RESIDENCE		í . I	13d. INSIDE CI	ITY LIMITS?		EET ADDRE	SS	reet/			
26	14. FA	THER'S NAME		MIDDLE		LAST	110	15. MOTHE	R'S MAIDE		M	IODLE	1000/		AST	
4	16a. V	AS DECEASED	John Nix Ever in U.S. ARA	AED FORCES?	166 SO	CIAL SECURITY	NO.	17. INFORA	MANT	<u>Jenn</u>	ie Du\	VAll ADDRE	SS			
/	(11)	S, NO, OR UNKNOW				4-05-96		Mrs	. Mar	gare	t Nixo	on, C	umber			-wife
J.		18 CAUSE OF PART I DEA	DEATH (Enter and TH WAS CAUSED	y ane cause per li BY: E CAUSE (a)	ne for (a), (b	MYOCARI	IAL	INFAR	CTION	Ī				BETW	PROXIMATE (EEN ONSE)	T AND DEATH
HYGIENE, EMOVAL.		Conditions	, if ony, which		OR AS A CO	AEQUENCE O	F NARY	ARTE	RY DI	SEAS	SE.					
N, OR R			ta immediate toting the <u>under-</u> elast.		OR AS A COM	nsequence o	F									1
OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL.	z	PART 2 OTNER SIGN	IFICANT CONDITIONS (ONTRIBUTING TO DEAT	N BUT NOT REL	NTEO TO THE TERMI	IAL OISEASE	OR CONDITION	N GIVEN IN PAI	RT 1 iai.					-	
RA _	CERTIFICATION	19a. DATE OF C	PERATION	196 CONE	OITION FOR	WHICH OPERA	TION W	AS PERFOR	MED?						UTOPSY	NOXX
OI PRIOR TO BUR		216 EXTERNAL UNDERLYING CONTRIBUTING	CAUSE WAS OR GOCAUSE OF D	HOUR A.	OF INJURY .M. MONTH M.	DAY YEAR	21c. HC	YAULMI WO	OCCURRE	D (ENTER	NATURE OF INJ	URY IN ITEM	18 PART 1 OR P.		E2 []	NOAZA
	MEDICAL	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	21e PLACI STREET, FA	E OF INJURY ACTORY, FARM, E	(AT HOME,	21f. LOC	CATION			CITY OR TOV	WN	CC	YTAUC		STATE
AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201		22a. I certify	that I taak charg	e of the remoins d	escribed abo		Autops	y , Homic	Inspection		Inquiry ermined ma		and in my o	pinian		
RE, MARY		ACTUAL SIGNATURE	Don	~ !ll	loi	tranz	MM	Tiber	stery	MED	ICAL EXAM	INER	DATE SIGN		4-11	-1986
TER DE	d	EXAMINER'S N (TYPE OR PRIN	AME Gio	vanni Ma	stran	gelo, M	.D.	ADDRESS_	Saci	red H	Heart	Hosp.	ital,	Cuml	0., 1	MD
A W	23a. B	JRIAL, CREMATI	on, removal 2	36. DATE 04-14-19		NAME OF CEM				CITY	Cation Cumber	land	Δ1	legai		ATE MD
MH - 17 15 ME (5))	24. FI	JNERAL DIRECT		ADDRE		4 7 1	21502			REC'D. BY	REGISTRAI	R 25b. RE	GISTRAR'S	SIGNATI		



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1			moy be	poge 3	er deoth		

within 24 hours ofter

filled in by the funeral director. outd be filed within 72 hours offe puo

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove corbanpapel with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

deoth certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. BP. FOR STATE REGISTRAR

STATE OF MARYLAND DEP

PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	O REG.	NO.	9	1	-
LAST	20. DATE	OF DEATH	MONTH	DAY	YEAR	2b-
OT A	Anri	1 11	1986			1 -

		CEASED NAME	FIRST		AIDDLE		LAST		2a. DATE O	FDEATH	HIMOM	DAY YEAR	261645
	(TYPE	OR PRINT)	MARYLA	ND .	VIRGINIA	PET	ENBRIN	K	April	1 11,	1986		P 45
	3. SE)	X		4 RACE		5. DATE	OF BIRTH		6 AGE (IN	YEARS LAST BIRT		IF UNDER I YEAR	
1	F	EMALE		WHITE		FEB		920 YEAR	66		YRS	MONTHS DAYS	HOURS MIN.
p	7a BI	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8	FDXX NEVER			RE CITY O		OF DEATH	
0		ARYLAND		USA		WIDOW		NORCED	ALLEC	VIAC			MD.
1 10		TY OR TOWN OF	DEATH	11. NAME OF H	HOSPITAL, NURSIN	IG HOME		TITUTION	120 USUAL	OCCUPATION			OF BUSINESS OR
((TIMBERT AN	ID		H FACILITY, GIVE STREET					HOUSEW		fe) INDUSTRY	
100	USU			OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION		CITY LIMITS?	13e STREET			0	(-)
0		ARYLAND	100	GANY	CUMBERT AT		YES X	NO [1.0-	DRT AV		21	502
. /		THER'S NAME		MIDDLE	LAST	10	15. MOTHER	S MAIDEN NA		71.1			
1		ANDREW	,	_	OMBROSKY		.10	HANNA		MIDDLE		SMITH	21
1		VAS DECEASED EV		MED FORCES?	16h SOCIAL SECU	IRITY NO	17 INFORM	ANT		ADDRE			
	- (YES, NOONKNOWN	(IF YES, GIVE	WAR OR DATES)	214-07-1	1834	CARL I	PETENBR 1	INK 48	7 FORT	AVE	CUMBER	LAND MD.
		18 CAUSE OF DE	ATH (Enter on	y one couse per	line for (a), (b), on	d Ici,1						APPRO) BETWEEN	ONSET AND DEATH
		PART I. DEATH	H WAS CAUSED	Ó BY: E CAUSE (o)	Cook	1	· Qr	+ sa					
			MARCOIA								1		
		Conditions, if ony, which (b) Conditions, if ony, which											
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
			ouse last.	DUE TO, OF		ENCE OF	1 Come	-001 - (16.0		On a		
		PART 2 OTHER S	IGNIFIC ANT C	ONDITIONS CO	INTRIBUTING TO I		I NOT RELATE	D TO THE TERM	INAL DISEAS	E OR CONI	ITION GIV	/FN IN PART 1	
	Z	The state of the s	0.2	. 1. (.	1.00 1.		2.0.	2 - 0		سعم	Λ	0.	- 800
and the same of	ATI	190 DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATION	ON WAS PERF	RMED U	20a AUTO			S, WERE FINDI	NGS USED
/	CERTIFICATION								YES 🗆	МОМ		FYING CAUSE: ES	S OF DEATH?
100	CERT	21a. ACCIDENT WAS	UNDERLYING	21b. TIME O				NJURY OCCURE					
6		OR CONTRIBUTING		10	M. MONTH DA	AY YEAR							
/	MEDICAL	21d INJURY OCC		21e PLACE (19	211 LOCAT						
-	ME	WHILE NO	WHILE WORK	(AT HOME STR	EET, FACTORY, OFFICE F	ARM, ETC)	STRE	ī		CITY OR TO	WN	COUNTY	STATE
				ol) ottended the	e deceased from			10/95	To 10	4-11		1086	that (I) (we) lost
	220 Leartify that (f) (this hospital) attended the deceased from												
		22b. SIGNATURE	e) (did) (did not	view the body	offer deoth.		DEGREE					22c. DATE	SIGNED
		1	00	^ ^			1.0	ATTENDING PHYSICIAN	MEDICAL	STAF	F IANI 🗆		1.0121
1		22d PHYSICIAN'S	NAME (TYPE OF	R PRINT)	C COLL	<u> </u>	22e ADDRE		DIRECTOR	FHISIC	IAIN 🔲	4	11318
1		Dr. W	illiam	P. Iame	.s		441 N	. Centre	St.	Cumbe	erland	d, MD	21502
		BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c. 1	NAME OF	CEMETERY OR		23d. LOC.				
		BURI	AL	APRIL.	15 1986 5	SINSF	T MEMOR	TAT PAT	K CIM	REDIAN	D ATT	ECANTY	MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

APRIL 15 1986 SUNSET MEMORIAL PARK

24 FUNERAL DIRECTOR FUNERAL SERVICE CUMBERLAND MARY AND

L PARK CIMBERAND ALLEGANY MARYLAND

TERCORY REGISTRAR'S SIGNATURE

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- 1		REGISTRAR CUMBERLA	RITT FUNERAL HONE STREET ND, MD 21502	CERTI	FICATE OF DEATH	REG. N	O. MONTH DAY	YEAR	2b. HOUR
		ORPRINT) RUTH	HARPER	PHII	LLIPS	APRIL 14,	1986		4:10
- 1	1. SE)	(4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		ER I YEAR	IF UNDER 24
	1	MALE	WHITE		MBER 11 1918	67	YRS		
3		RTHPLACE (STATE OR FOREIGN W.VA.	USA	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	Y COUNTY		
1	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI SACRED HEART I	EET ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE) IN	DUSTRY	BUSINES
1	USU,	TATE U36, LOU	OR OTHER INSTITUTION GIVE RESIDENCE BEF-	ORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	al	
200		THER'S NAME		R	YES X NO 1		STREET	77	99
	IS	SAAC	G. HARPER		OTIE	ELLEN	LIPSCO	MB LAST	
12		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEINE WAR OR DATES) 215-20-		MARCHETTA HA		EANDO FLO		328
6		Canditions, if ony, which	(b) alien.	holan	gets and se	intentes /	Silvary \		
ows any injury, or other train	THICKTION	gove rise to immediate cause 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION CONDITIONS CONTRIBUTING TO	DUENCE OF ME O O DEATH BU	lemelice of the term of the term swith, acute	tructure by Allyal Disease or Con Kenal & b 200 AUTOPSY? YES D NO	Command Comman		OF DEATH
n 18 daws any injury, or other trai	IL CERTIFICATION	gove rise to immediate cause (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE CONDITION FOR W	DUENCE OF	I NOT RELATED TO THE TERM SWITTEN OF WAS PERFORMED 116 HOW INJURY OCCUR	Kenal & L	IN CERTIFYING YES	CAUSES	
rked or them 18 digws any injury, or other from	MEDICAL CERTIFICATION	gove rise to immediate cause (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT PROCESSION ELLE COUNTY OF THE COUNTY OF T	CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE CONDITION FOR W	DAY YEAR	I NOT RELATED TO THE TERM SWITTEN OF WAS PERFORMED 116 HOW INJURY OCCUR	Kenal & L	IN CERTIFYING YES JRY IN ITEM 18 PART I OF	CAUSES	NO [
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POSTANT (If them 21) is marked or them 1ft digws any injury, or other from	1	gove rise to immediate cause 101, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONTRIBUTIONS TO CON	DAY YEAR 19 E FARM ETC.)	T NOT RELATED TO THE TERM TO WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET DEGREE ATTENDING	RED (ENTER NATURE OF INJUDENT OF TO ADDITIONAL STANDING CONTRACTOR PHYSIC	IN CERTIFYING YES DIRY IN ITEM 18 PART 1 OI DWN CO Tote and hour and 1 FF CIAN 19	CAUSES (R PART 2) DUNTY from the c	STAND IN COURSE STORE ST

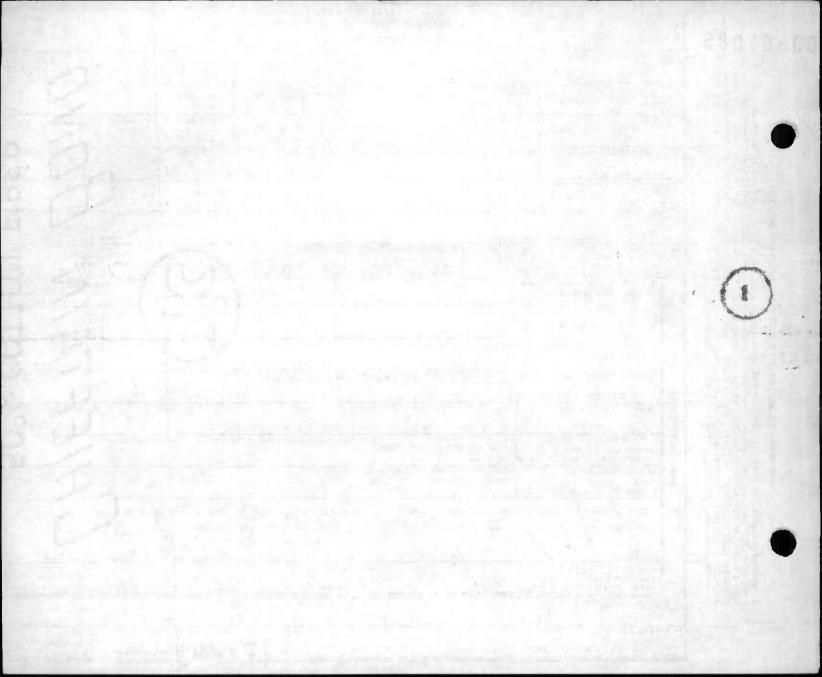
S. SALDHIR, "D.

A DITH HANK CHILLIPS SALITE 14, 1905 BILL OF

AND TANK TERRACE, PROSTEURG, MO 01990

			FOR		D	EPARTMENT O	HEALTH	AND MENTA	LHYGIEN	E	63	0	1	8	3
0-0	11085		STATE REGISTRAR		MED	DICAL EXAMI	NER'S	CERTIFICATE	OF DEA	CHT	REG. NO.	7	ji.	0	
0 0	4000	1. DE	CEASED NAME	FIRST		WIDGLE		LAST	T	2a DATE KN	NOWN []	MONTH	DAY	YEAR	2h HOUR
	W ~ . 6 S =	{TYP	E OR PRINT)	EDWAR	D	V.	DC	OWELL		OF DEATH W		4	12	86	1246
	PLEASE. RECTOR. R FILES. HOURS STREET,	3. SE)		I. RACE	Is. DATE OF BIRTH	II core	T. 1 (F.11)		DER 24 HRS.	2c. DATE		MONTH	DAY	YEAR	- 11
	STEE		ale	Cau	MONTH DAY	YEAR 6 9 BIRT	HDAY) MONT			PRONOUNC DEAD	ED	4	12	986	1246P
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	で単次日 1	10. CI	TY OR TOWN C	OF DEATH		PITAL, NURSING HO		ER INSTITUTION		JAL OCCUPA MOST OF WORKIN		IF WORK	12b KINE OR II	O OF BU NDUSTE	SINESS RY
	ALARA OF	C	mberla	nd .						. mecha			Arlj	ingt	on Co
=	ANY DE ANY DE COULD D	13c. S	L RESIDENCE	IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMI	55ION)	134. INSIDE CITY LIMITS	a lia can	EET ADDRESS		(RIK	161	0
21201	A STATE OF S		t Va	Mine	ral	Ridgeley	,	YES NO	F-3	t 2 Box		T/	That	//	
MD. 3	10 1 5 3 3 5 #		THER'S NAME	1	7141	,ugozoj		15 MOTHER'S MA				JOY.			
	ATH SELECTION	1	FIRST	Samua1	R. Powell	LAST		FIRST		MIDO			LA:	ST	
TIMORE,	B8848 -	14 n V	VAS DECEASED	EVER IN U.S. AR		16b SOCIAL SECUR	ALLY NO	17. INFORMANT	EUH	a M. Ka	ADDRESS				
MI.	11 OSS 2		ES, NO, OR UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)	18B SOCIAL SECOR	JII I INO.					_			
4	201 65 J		yes	V	WWII	216 07 9	722	Mrs. Ann	na E. F	owell	, Ridg	eley	-		
- 1	3 3 4		18 CAUSE OF	DEATH (Enter on	nly ane cause per line	far (a), (b), and (c).)							BETWE	OXIMATE EN ONSET	E INTERVAL T AND DEATH
	A PER SER		PARTIDEA		TE CAUSE (d Res p	iratory a	rrest				17-1			sudd	len
2	4E0E99				DUE TO, OR	AS A CONSEQUENC	E OF								
38	ELESSEE.			s, if any, which	(h) Rec	urrent ca	rainar	of the	1,100					3 mc	onths.
	PANER S			e ta immediate stating the <u>under</u> -		AS A CONSEQUENC		a or the	Tung	No. Pro			1	نس د	muis.
2.00	BAXA X		lying caus	e last.						daht 1				1	
	D12220		BART 2 ATMER CIC	NICICANY CONDITIONS	CONTRIBUTING TO DEATH I	viously_t	reated	Carcino	Ollia, I.	TRUL T	ung		1	L ye	ear
280	AND	z													
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= =	SED SED	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?					20 AU	TOPSY?	,
DIVISION OF VITAL	NOR CHARLES		7/10	1/85			carcin	oma, righ	nt lune	а			YE	s 🗆	NO X
P.	TANEN THE WAR	8	21a EXTERNAL	ARTON .	21b. TIME OF	MONTH DAY YE		OW INJURY OCCU	RRED LENTER	NATURE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PAR	(1 2)		
N N	ITIFICATE S IG THE WO TO THE C HOULD BE PARTMENT	3	UNDERLYING CONTRIBUTIN	IG CAUSE OF		19									
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	E, WASTA			//					- Fee	-					
	NE SE		22a certif		ge of the remains desc	cribed abave held an	Autop	sy L. Inspe	ction X	Inquiry L	X and	in my ap	inian		
	EXAMIN CERTIFIC CULD BE F DIRECTO (, WITH TI		death resulte	d for Natu	ral causes X,	Accident .	Suicide	, Hamicide L	Undet	ermined mani	ner,				
	EXAM CERTI JID B DIRE WITI			11				TITLE (SPECIFY)						
	EDICAL E JTE THE A SHOU NNERAL D K DEATH, MORE, M		ACTUAL SIGNATURE	11/2/	V-	11	N	Dpty	MED	ICAL EXAMIN	JER	SIGNE	D 4.	-12-	-86
	OR SEA			Tour	/	N'									
	A SHEET HE		(TYPE OR PRIN	Paul	Snow, M.D			ADDRESS_Memo	orial I	Hoenit	21_C117	her	and	Md	21501
00	TO MEDI EXECUTE PAGE 4 TO FUNI BALTER DI BALTER DI	23 o. B		ION, REMOVAL		23c. NAME OF C	EMETERY C		23d LC	CATION	-1 1411				
490	1999	(:	Buria		04-15-198			orial Par	CITY	alls Ch	nunch	COUN	rfax		Λ Λ
7 25M	Pr	24 F	UNERAL DIRECT		04-17-170	O INACTORIO	IT MEIII		TE REC'D. BY						8
	DHMH - 17 (VR A15 ME (5))		NAME	Saannal	Address	mland M	01500	Al	PR M.S	400gg	delin K	Sanda.	- Ha	ndalli	in .
	(AK WID MIT (D))	E 1	Idilles F	SCATOR	III IIIMNA	riand Mil	71507	733	10 3 7 30 100	1 1 4 4 C C C C C C C C C C C C C C C C	Programme and the	455 THUS	74		

STATE OF MARYLAND



35	3. SEX			REYNOLDS	APRIL 15,1986	9:20P
36	-	1ALE	RACE WHITE	S. DATE OF BIRTH AUGUST 18 1913	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS	
-	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	Th CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY OF DEA ALLEGANY COUNTY	лн
57	10. CT	MARYLAND TY OR TOWN OF DEATH CUMBERLAND		NG HOME OR OTHER INSTITUTION		IND OF BUSINESS OF BRAKEMAN
The matter	(OTHER INSTITUTION GIVE RESIDENCE BEFOR TY 13c CITY OR TOV CUMBERIA		130 STREET ADDRESS / ZIP CODE RFD# 2 PINE RIDGE RO	2/50 DAD
10		IOHN ED	AIDDLE LAST REYNOI		MIDDLE WALKE	R
ospau/	{}	(AS DECEASED EVER IN U.S. AR/ es, no or unknown) (IF yes, givi	MED FORCES? 166 SOCIAL SECTION (MAR OR DATES) 214-05-7		OLDS RFD# 2 PINE RIDG	P,RMD ₂₁₅
c event, fly		PART I. DEATH WAS CAUSEI	y one couse per line for oil, (b), or D BY: E CAUSE (o)	senona o Color	1 - metastasign	APPROXIMATE INTERVAL TWEEN ONSET AND DEAT
y, or other traumat		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO	ENCE OF	MINAL DISEASE OR CONDITION GIVEN IN PA	ART 1/0
ows ony injur	CERTIFICATION	More De.	196 CONDITION FOR WHICH	im unet sual obsta HOPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, WERE INCERTIFYING CA	FINDINGS USED AUSES OF DEATH?
dem 18 sho		2 to. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER			RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR P.	ART 2)
Thed or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	city or town cour	NTY STATE
21 is ma		220. certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did no	ol) ottended the deceased from		, to, 19 n death accurred on the date and hour and Ira	m the couses stated
NT. If Hen		22d PHYSICIAN'S NAME (TYPE O	1000	DEGREE ATTENDING PHYSICIAN 1 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	H-17-8
MPORTANT		EUGENE V. MA			DRVIE CUMBERLAND, MD.	21502

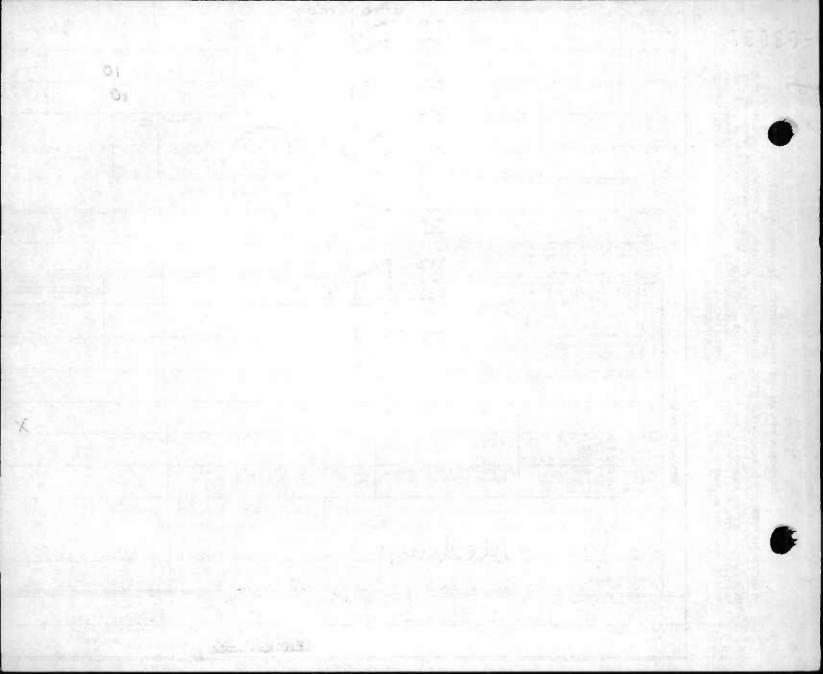
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	FOR STATE	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL		0 9 7 8 5
	REGISTRAR CEASED NAME FIRST	MEDICAL EXAMI	NER'S CERTIFICATE	KEO:	NO.
	BETTY		DEMMELMEYER	26. DATE KNOWN OF ESTI- DEATH MATED	4/10/86, YEAR 126. HOUR 1:00
3. SE) Fo. BI 10. CI	EMALE WHITE	5. DATE OF BIRTH SEAR 6. AGE (IN LAST BIRT DEC 3 1920 65	YEARS IF UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 70 HOUR
No BI	PTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY?	YRS. 8 MARRIED □ NEVER MAR	9 BALTIMORE CITY	OR COUNTY OF DEATH
_	REIGN COUNTRY) ARYLAND TY OR TOWN OF DEATH	USA		CED X ALLEGANY	MD.
0	UMBERLAND	11. NAME OF HOSPITAL, NURSING HO LIF NOT INSUCH FACILITY GIVESTREET ADDRES DOA Memorial Hosp	žital	FOR MOST OF WORKING LIFE) RETIRED PROF. I	179E OF WORK 126. KIND OF BUSINESS OR INDUSTRY FROSTEURGSTATE
13a S	AL RESIDENCE (IF IN NURSING HOME TATE 13b, COUI IARVI AND ALLI	or other institution, give residence before ADM NTY EGANY I3c, CITY OR TOWN CUMBERLAN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	211-10
14. F/	ATHER'S NAME AROLD	MIDDIE	15. MOTHER'S MAIL	DEN NAME	LAST
-	VAC DECEASED EVER BUILD AN	ROEMMELMEYER RMED FORCES? 166. SOCIAL SECUI		F.	SCHIMMEL
Ń	ES, NO, OR UNKNOWN) (IF YES, GIV	215-36-88			NKLIN ST CUMBERLAND
2	Conditions, if any, which gave rise to immediat cause (a) stating the <u>under</u> lying cause last.	e / (D)	rtery Disease	'ART 1 (G)	
CATIO	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OF	ERATION WAS PERFORMED?		28 AUTOPSY?
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		21c HOW INJURY OCCURR	RED LENTER NATURE OF INJURY IN ITEM	YES NO
MEDI	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		rge of the remains described above, held ar ural causes A, Accident ,	Autapsy , Inspection Suicide , Homicide , TITLE (SPECIFY) M.D. Deputy	Undetermined manner	ond in my apinian], DATE SIGNED4/11/86
MEDICAL CERTIFICATION	EXAMINER'S NAME DR. (TYPE OR PRINT)	GIOVANNI MASTRANGELO	ADDRESS 772 B	ISHOP WALSH DRI	IVE CUMBERLAND MD.
(URIAL, CREMATION, REMOVAL SPECIFY) BURIAL UNERAL DIRECTOR		EMETERY OR CREMATORY WVIEW CEMETERY		COUNTY STATE UEHANNA PENNA. GISTRAR'S SIGNATURE





0 0	-03560	FOR 1 - STATE REGISTRAR	STATE OF I DEPARTMENT OF HEALT CERTIFICAT
1		1. DECEASED NAME FIRST	MIDDLE LAST
'/	0 m =	(TYPE OR PRINT)	TEDELAND DOV

MARYLAND H AND MENTAL HYGIENE TE OF DEATH

3	O REG. NO.	0	9	1	8	1
						_

- 1							ILCO. TTO			
Ì		CEASED NAME FIRST		MIDDLE	LAST			MONTH DAY YEAR	26 HOUR	
١		GLEN		DWARD	ROY		April 3,	1986	7:48 pm	
	3 SEX	Male	4 RACE Whi		DATE OF BIRTH	1918	68	MONTHS DATE		
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	Α		9 BALTIMORE CITY O			
	1	W. Va.	II.S.		ARRIED ANEVER	MARRIED	Allegany		MD.	
3		TY OR TOWN OF DEATH		HOSPITAL, NURSING HEHEACHUTY, GIVE STREET ADDR		TITUTION	120 USUAL OCCUPATION		of BUSINESS OR hinist	
1		AT DECIDENCE HE NURSING NO	ME OR OTHER INSTITUTION							
0	130. S	Md. A	Llagany	Cumber la		ITY LIMITS?	9 W. Cle	ment Sr.	21502	
/	14 FA	THER'S NAME	WIDDLE	LAST	15 MOTHER	S MAIDEN NAM			LAST	
1		James	W.	Roy	Ma	rtha	E.	Reel		
1		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECURITY	NO. 17 INFORM.	ANT	ADDRE	SS Cumber	land, Mo	
1	()	Yes W		236-28-01	67 Pris	cilla	Roy 9 W.	Clement S	t.	
1		18 CAUSE OF DEATH (Ent	er only one cause per	line far (a), (b), and (c	01-			APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH	
ı		PART I. DEATH WAS CA	AUSED BY. EDIATE CAUSE (a)	5	EP126	SHI	OCK			
1				R AS A CONSEQUENCE	E OXE.	17				
		Canditions, if any, which		Nound + PN	EUNONIA					
1		gave rise to immediat								
	1	cause (a), stating the Underlying cause last DUE TO, OR AS A CONSEQUENCE OF high file of the Distriction of the Due TO, OR AS A CONSEQUENCE OF								
		PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO DE A	TH BUT NOT RELATE	TO THE TERM	MALDISEASE OR CONI	DIMON GIVEN IN PART	110/1/	
	NO.	Paeu	rovia.	Cersicity	1 Cadeo	e fair	by HT. 4	les Ampu	To-1,00	
1	CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHICH OPE	RATION WAS PERF	DRME	200 AUTOPSY?	700 F YES, WERE FINE		
	TIFIC		-				YEX NO	YES [NO [
Ī	CER	21a. ACCIDENT WAS UNDERLYIN				JURY OCCURR	ED (ENTER NATURE OF INJUR	EY IN ITEM 18 PART I OR PART 2	}	
		OR CONTRIBUTING CAUSE C	4	M. MONTH DAY	YEAR 19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	211 LOCATI			WN COUNTY	STATE	
	ME	WHILE NOT WHILE T	TAT HOME, ST	REET, FACTORY, OFFICE, FARM,	ETC } STREE	T	CITY OR TO	WN COUNTY	STATE	
		220.1 certify that (I) (this	haspital) attended th	ne deceased from		19	ta	19	, that (I) (we) last	
		saw the deceased alia abave, (I) (we) (did)			, and that in (my		death accurred on the do			
		226. SIGNATURE	4	difer death.	DEGREE			22c. DA	TE SIGNED	
,		ONLY	11-		ATTENDING PHYSICIAN	MEDICAL STAF		4/4/86		
		22d. PHYSICIAN'S NAME	THE CONTRACT		SMemoria .	al Hospital	Medical Bu	ilding		
		Dr. Ranjith	nan				land, MD 21			
	23o. E	BURIAL, CREMATION, REMO	DVAL TOO DATE	OC 231 NAM	E OF CEMETERY OR	CREMATORY	23d LOCATION	1		
		(SPECIFY) Burial	7 Apr	op hott	y Cemete	ry	Buring	ton Miner	al W.Va.	
	24. FU	UNERAL DIRECTOR				250 DATE	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE	
		"Allen Ro	truck	Keyser, W	.VA.	APR	A 1000	1. Y Y	1.00	

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 the

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Clement or. 21502		ж	basta	Campo	VICTORIA	. List
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				TLAYOU	101750	. meila

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	8	REG.	NO.	U	9 3	0 0
ŀ	20 DATE OF			DAY	YEAR	26. HOUR 1:45A
	6 AGE INY	EARS LAST	BIRTHDAY)	IF U	NDER I YEAR	IF UNDER 24 HRS

1		REGISTRAR				CEKIIF	ICATE	OF DEATH	F	REG. NO.				
		ASED NAME	FIRST	M	IDDLE	l	AST		20 DATE OF DE		DAY	YEAR	26. HO!	UR 45A
1		WIL	LIAM	KE	AR		NATTE	RLY	APRIL 2					- 1
1	3 SEX		4.	RACE		5. DATE C		AY YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS	DAYS	HOURS	R 24 HRS
		male		white				-1914		71 YRS				
1		HPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF V	VHAT COUNTRY	? 8	X NE	VER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DE	ATH		
1		PA		USA		WIDOWE		DIVORCED [l AI	legany				M
,	10 CITY	OR TOWN OF DEA	1		OSPITAL, NURSI		ROTHER	INSTITUTION	12a USUAL OC	CUPATION	12b.	KINDO	BUSIN	ESS OF
	CUN	(BERLAND		MEMORT.	AL"HOSPT	TAL	3		retire	MOST OF WORKING	LIFE) IND	eve.	Buil Iope	ger
0	USUAL 13a ST		136 COUNTY	1	13c. CITY OR TOV	WN	13d. INS	DE CITY LIMITS?	13e STREET ADD					
		MD	Alle	gany	LaVal	е	YES 🛛	NO []	329	Skyview	Driv	ve/2	<u> 1502</u>	2
N	14. FAT	HER'S NAME	44.10	DDLE	LAST		15 MOT	HER'S MAIDEN NA		IDDLE		LAS		
1				Schnat					hel B. K			LMS		
1		AS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFO	RMANT		ADDRESS				
	(YE)	s, no or unknown)	(IF YES GIVE W	/AR OR DATES)	194-05-	8296	Mrs	. Juanita	Schnatt	erly, L	aVale	e, M	D -	wif
1		8 CAUSE OF DEAT	H (Enter anly	ane cause per	line for (a), (b), a	nd (c).					В	APPROXI	MATE INTE	RVAL D DEATH
1		PART I. DEATH W	AS CAUSED I	BY:	ardio - 1	1	Nary	failure		5.73 N		De	VS	
1			MANEDIATE		AS A CONSEQU		-/	Harris Control					1	
1		Canditions, if any,	which		dymee		bets	tic ader	Meavein	ema				
		gave rise to imn	nediate		- 10							-,		
1		cause (a), statin underlying cause		1	AS A CONSECU		14.0	prosto	bo			Yr	C	
					Idenoca									
		PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CC	INTRIBUTING TO	DEATH BUT	NOI KEL	ALED TO THE TERM	IINAL DISEASE O	K CONDITION (JIVEN IN I	PARITIO	1	
p	CERTIFICATION	9a. DATE OF OPERA	NOI	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS P	ERFORMED	20a AUTOPS		YES, WERE			
C	TE								YES N	and .	YES [AUSES	NO [
	8	210. ACCIDENT WAS UND	DERLYING	216. TIME OF		VE 15	21c HO	W INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 1	B PARTIOR	PART ?)		
	¥	OR CONTRIBUTING (P.A	a. Month [DAY YEAR								
	MEDICAL	11d INJURY OCCURE		21e PLACE C	OF INJURY			CATION						
		WHILE NOT WH	OLE [(AT HOME STR	EET, FACTORY, OFFICE	FARM, ETC)		STREET	C	ITY OR TOWN	(0	UNTY		STATE
	l h	AT WORK AT WOR		N make male al at a	descript (.41-	24/8	6 19		ulan	10.8%		that (1)	V
- 1	I I	220.1 certify that	(inis naspital	orrended the	ueceasea from	0/11	1-1-1-1	1Y	. 10	7/ "-1-			mar	(ME) 10

saw the deceased alive on 4126 abave, (1) (we) (did (did nat) view the bady after death , and that in (my) (our) opinian death accurred on the date and have and from the couses stated DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Memorial Hospital Medical Building

21502 Dr. Walter Himmler Cumberland, Maryland

230 BURIAL, CREMATION, REMOVAL Burial

23¢ NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

23d LOCATION Cumberland Allegany STATE MD

24. FUNERAL DIRECTOR

- STATE

James F. Scarpelli, Cumberland, MD 21502

04-29-1986

DHMH - 16 60M 7/B4

ould be detached th the State Dept.

CRIANT

(VRA 15, 4)

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

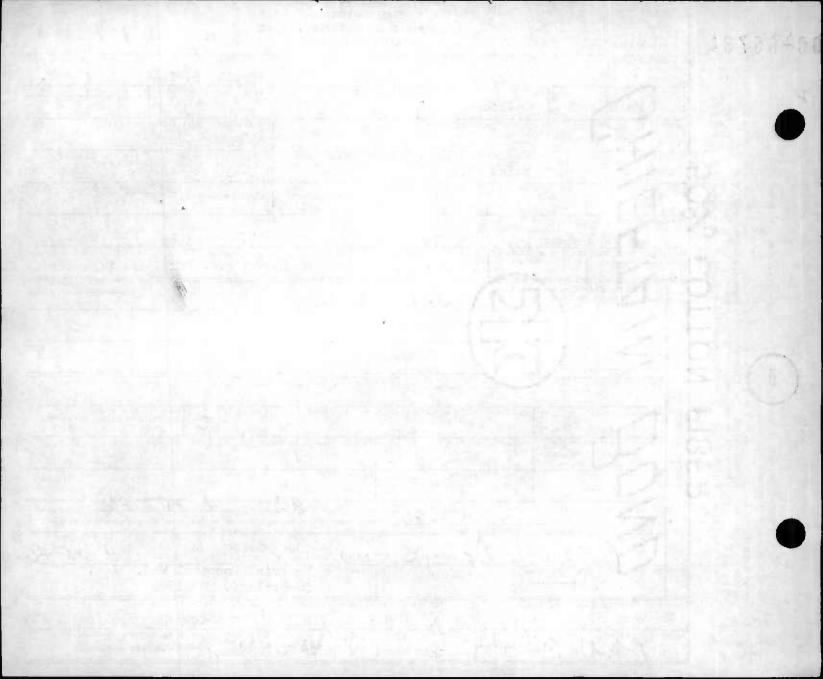
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0.5	DEATEL			0.41	WE . O	0	

	CEASED NAME FIRS										
TITE	OR PRINT)	t .	WIDDLE	L/	AST	2a. DATE OF	DEATH MONTH	DAY	YEAR	2ь. но	UR
		BUR	J.	SI	HANHOLTZ	April	1, 1986			12:	10A
1. SE)	X	4 RACE		5. DATE O		6 AGE (IN YE	ARS LAST BIRTHDAY)	IF (INDER YEAR	IF UNDE	
	Male	W	hite	May		87	_	RS.	THS DAYS	HOURS	MIN,
0. 51	RTHPLACE (STATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMOR	E CITY OR CO		DEATH		
W	est Virginia	U.S.	Α.	WIDOWE	D NEVER MARRIED D DIVORCED	Alle	gany				M
0. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION		CCUPATION	INIC LIEE	12b. KIND (OF BUSIN	ESS OR
_	umberland	Memor	rial Hospi	tal	27	Timber	Handle	r	Koppe	rs C	omp
30 S	al residence if STATE WV Hai	ME OR OTHER INSTITUTION OUNTY mpshire	GIVE RESIDENCE BEFORE AF 13c. CITY OR TOWN Greenspr	. 1	13d INSIDE CITY LIMITS? YES NOX	13e STREET A BOX	DDRESS / ZIP	CODE	9	99	99
I FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	WIDDLE		7		
	Britten		nanholtz		FIRST Mary	У	Jane		Crock		
	WAS DECEASED EVER IN U.S.	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECURI	ITY NO.	17 INFORMANT		ADDRESS				
,	NO NO	ES, GIVE WAR OR DATES)	232-10-5	548	Paul L. Shar	nholtz,	Sprin	gfie	ld, W	V 2	676
	18 CAUSE OF DEATH Ent	ter anly ane cause per	line far (a), (b), and	(c)					APPRO) BETWEEN	ONSET AND	RVAL D DEATH
	PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE 10) Condupations and							em	med	wit	
	1777		B A C A CONICEOUEN	Oce	1						
	DUE TO, OR AS A CONSEQUENCE OF							61			
	Canditions, if any, which (b) (b) entropy entropy to										
	cause (a), stating the		R AS A CONSEQUEN	ICE OF							
	and anything coose no.										
		(c)					7.1		1		
,	PART 2 OTHER SIGNIFICA		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN	IN PART 1	a	
NOIL	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	lemicales	long	In coner						
CATION	PART 2 OTHER SIGNIFICA Pa 90 DATE OF OPERATION	ANT CONDITIONS CO	ONTRIBUTING TO DE Lementer ITION FOR WHICH O	long	In coner	INAL DISEASE	PSY? 20b.	IF YES, V	ÆRE FINDI	NGS USE	
THICATION	pi	ANT CONDITIONS CO	lemicales	long	In coner		PSY? 20b.	IF YES, V	/ERE FINDI	NGS USE	TH?
CERTIFICATION	pi	ANT CONDITIONS CO	Limitales ITION FOR WHICH O	PERATION	In coner	200 AUTO	PSY? 20b. IN C	IF YES, V ERTIFYIN YES [/ERE FINDI	NGS USE	TH?
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	ANT CONDITIONS CO	OF INJURY M. MONTH DAY	OPERATION YEAR	In Comen	200 AUTO	PSY? 20b. IN C	IF YES, V ERTIFYIN YES [/ERE FINDI	NGS USE	TH?
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(VRA 15, 4)

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0 % 5 % \$ 1	230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	236. LOCATION		
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DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	uneral director 4-2	8-85 h. 4052	BSB, WVU organtown	Med. Ctr 250 DATE , WV 26506.	5 GG July	25b. REGISTRAR'S SIGNA	ATURE



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mpletely filled in by the funeral director, page 3 and 2 shalld be filed within 72 hours after death

WAPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other traumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending playould be detached for use as the burial-transit permit. Then please remove carbonia with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remainthe

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifureroined by the hospital or attending physician.

BP_____ DHMH - 16 50M 4/8 (VRA 15, 4)

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NC		GIVE WAR OR DATES)	215-36	-8915	A MR.	JOHN :	STARK.	RT. 3			BURG.
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ge cc ur PA	Conditions, if ony, which	DUE TO, DUE TO, DUE TO, (c)	OR AS A CONSEQU	UENCE OF			20a AUTOPS	20b. IF	YES, WERE	FINDIN	GS USED OF DEATH?
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April 11.86

MIDDLE

E.

FOR

REGISTRAR

Cremation

24 FUNERAL DIRECTOR

DHMH - 16 60M 7:84 (VRA 15, 4)

FIRST

CLIFFORD

DECEASED NAME

- STATE

LIVEE OF PRINTS

STATE OF MARYLAND

CERTIFICATE OF DEATH

TWOMBLY

Silbaugh

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 11:55P APRIL 9, 1986 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Allegany 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) U. S. Army 13e STREET ADDRESS / ZIP CODE R. D. 1 MIDDLE Henry Warren Twombly R. D. 1 Addison, Pa. 154 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) CITY OF TOWN STATE 10 86 . that (1) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

Uniontown

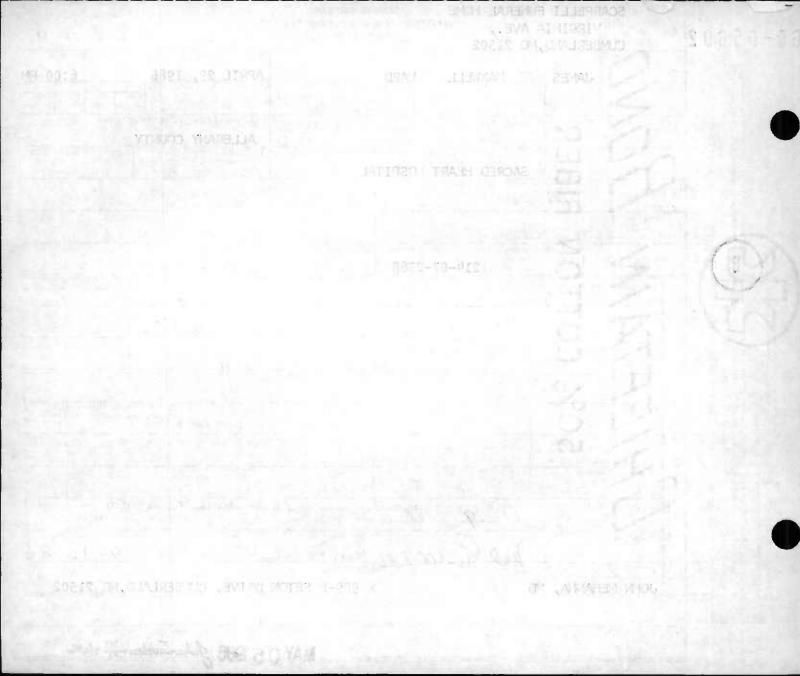
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UU	- U	# 0 Z U		ECEASED NAME Allan	H. Tyler,	Sr.		LA	sr		OF	NOWN DESTI-	4-18 DA	Y YEAR 86	26. HOUR 9: PM
		PLEAS CTOO TREE	3. S	X 4 RACE	5. DATE OF BIRTH	YFAR 6	AGE (IN YEAR:	IF UND	-	UNDER 24 HR			MONTH DA	Y YEAR	2d HOUR
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	RE, MD.	DEATH. IF	14.	ATHER'S NAME FIRST Arthur	Tyler	LA	NST	1:	5. MOTHER'	MAIDENNA/	ME			LAST	
	BALTIMORE, MD. 21201	HIS AFTER DEATH, IF ANY DELAY IS N GIVE PAGES 1, 2, AND 3 TO THE FU MITH FORM AM 3. RETAIN PAGE 5 PAGES 1 AND 8 SHOULD BE KILED DIVISION OF WITAL REGORDS, 201 W	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES?		1 SECURITY 1 -07-615		Mr. A	llen H.	. Tyler,	Jr.F	rostbu	rg,Md	.Şon
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O HOSPITAL etoined by the FUNERAL should be det with the Store		Dr. Stone, J	udy A.			Memoria Medical	Buil.	ding Cu	mberla	and, Md.	21502
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Durst Funeral Home, Frostburg, Md. APR 16

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

	1.	FOR SOWERS FUN STATE 60 W MAIN	STREET	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	1 86 09/78
-05024		CEASED NAME FIRST	RG, MD. 21532	LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR
y be ge 3 leath	(TYP)	EDNA	ELLIOTT	WHEELER	APRIL 22, 1986 18:26P M
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5 6 1 4 3 ₹	230 BURIAL, CREMATION, RE	MOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATOR		COUNTY 654				
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STATE OF MARYLAND

